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VS A15 (4) 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07	51	4

	755	CERTIFIC	CAIL	OI DEATH	•	Reg. Di	st. No.
1.	PLACE OF DEATH a. COUNTY		2. US	UAL RESIDENCE (Who			nce before admission)
	TNNE HRUNI	DEL MARYLAN	ID .	mp.	ъ.	COUNTY	- A .
	b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest (pwg)	LENGTH OF STAY IN 1	lb c.	CITY OR TOWN (IF or	utside corporate limi	its, write RURAL ond	give nearest town)
L	BAY KIPGE	30 YRS	- X	BAY	KIDGE	mo	
	d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	dress)	d.	STREET ADDRESS			e. IS RESIDENCE ON A FARM?
L	NONE			18 40	ER DR		YES NO
3.	NAME OF DECEASED (Type or print) KATHERIA	Middle MAR	- 3	ALDWIN	4. DATE OF DEATH	Month	Day Year
5.	SEX M 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE	SEBIRTHO 18	2/04 9. AGE	(In years IF UNDER	TYEAR IF UNDER 24 HRS.
	m widowed	DIVORCED [1 8	NKNOWA	107 9	yrs. Months	Days Hours Min.
100	USUAL OCCUPATION (Give kind of work done 10b. Kith during most of working life, even if retired)	D OF BUSINESS OR IN	DUSTRY 11	. BIRTHPLACE (Stote	or foreign country)	12. CI	TIZEN OF WHAT COUNTRY
	HOUSEWIFF.			Mp.			USA.
13.	FATHER'S NAME		14. A	OTHER'S MAIDEN N	AME		
	Elias Travers			MARY	FIN	LEY	
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	CIAL SECURITY NO.	7. INFORM	ANT		Address	
	No		W	S. COA	TE5-	, SAM	= -
	1B. CAUSE OF DEATH [Enter only one couse per line	or (o), (b), and (c).]					INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	RCINOMI	A OF	- BRE	AST	W174	
	170 X DUE TO				3		21/2 12
1	Conditions, if ony, which (b)	WIDESPR	EAD	META	STASES		312 7RS-
	couse (o), stoling the under-						46.
z	lying couse lost. (c)		•-				1
TION	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH I	BUT NOT RE	LATED TO THE TERMIN	NAL DISEASE COND	ITION GIVEN IN PAR	PERFORMED?
5	20- ACCIDENT WAS UNDERLYING TO 201 DESCRI	or How hillipy occur	0050 15 1			30.1	YES NO
L CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCU	KKED. (Enfer	noture of injury in P	ort I or Port II of ite	m 16.)	
NCA			PLACE OF	INJURY (Home, form, eet, office bldg., etc.)	20f. (City or town) (County) (State)
MEDI	P. m. 19 While of work	Not while of wark				(
	21. I certify that attended the deceased	fram 6/19	ĵ	19 58 to 7	15	19.52 that I	last saw the deceased
	alive an	P, and that dec	ath accur	red at 9:05)	6		he date stated above
	C) A O.	2			DDRESS (Street, city		DATE SIGNED
	SIGNATURE LECTION NA	Jelen-	M.D	21 CATH	EDRAL	57	7/5/57
	PHYSICIAN'S RICHARD NO	PEELER	2	ANNAP	0613	MO.	
220	BURIAL, CREMATION, 22b, DATE THEREOF	2c. NAME OF CEMETER	Y OF GREM			ty, towal or county)) (Stote)// /
	REMOVAL (Specify) 7-8-58	Fort Jun	coln		Desde	usburg.	maryland.
23.	FUNEBAL DIRECTORIS SHANATURE Hanlon	ADDRESS Ja	are?	DATE	BY REGISTRAR	001	GNATURES
					7 201		

	ATE OF DEATH	OPITATO NAME OF THE O	
fine the second			
	2/0 2 3 4/2 8		
		Control Brooks	160
	TO STATE OFFICE AND ADDRESS OF THE PARTY OF	IN THE OWNER OF THE PERSON NAMED IN THE PERSON	
		A CONTRACTOR OF THE PROPERTY O	official and the second
	Language AU (2)		
	in the state of th		
	The office of the office of the	A STATE OF THE STA	

0	7	5	1	5

		255	CERTI	FICA	ATE OF DEAT	Н		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY Anne Aruno			MARY	/LAND	2. USUAL RESIDENCE (W. o. STATE Maryl and	/here decease	d lived. If institution b. COUNTY	on: Resider			sion)
b. CITY OR TOWN RURAL ond give	(If outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corpo			give nec	crest town	n) \
Crownsvill			1 y 9m 8d		Denton			05	X = 1	2	
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital,	give street	oddress)		d. STREET ADDRESS					e. IS RES	IDENCE
da .	e State Hos	nital		77	R.F.D. #2						FARM?
3. NAME OF DECEASED (Type or print)	Fi	edric	Middle		Baynard	4. DATE OF DEATH	Mon 7	th	22	У	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED []	B. DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR		ER 24 HRS
Male	Negro	WIDOWI	DIVORCE	0 0	1881		last birthdoy) yrs.	Months	Doys	Hours	Min.
during most of w	TION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS C	R INDUS	TRY 11. BIRTHPLACE (Stote	e or foreign c	country)	12. CI	TIZEN O	F WHAT	COUNTR
Farm	, , , , , , , , , , , , , , , , , , ,	'		•	Delaware				U.S	5. A.	
3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
Shed P	aynard				Anne						
5. WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. 11	NFORMANT		Addr	ess			
[Yes, no, or unknown]	(If yes, give wor or dates of	ervice)		H-	spital Recor	de					
NO CAUSE OF D	EATH [Enter only one co	11:	- for (a) (b) 1 (a)		Sproar recor				1		
	EATH WAS CAUSED BY:			*						ET AND	
1221Y	IMMEDIATE CAUSE (remia and h	lypo:	static Pneumo	nia					
2217	DUE TO			.7	Annald II						
Conditions, if)	ereprovascu	Har	Accident - T	nrombo	315				
gove rise to couse (o), stotin											
lying couse los	1.	Ge	neralized	and	Cerebral Art	eriosc	lerosis				
PART II. O 200. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	THER SIGNIFICANT CON	DITIONS C	contributing to DE Cenility	ATH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1	PERFO	AUTOPSY RMED?
200. ACCIDENT V	VAS UNDERLYING			CCHRREC). (Enter noture of injury in	Port Lor Por	t II of item IR)			152	NO [3
OR CONTRIBUTIN	G CAUSE OF DEATH		The state of the s	CCORRE	. (Lines notice of injury in	1011101101	r ii or iieiii io.j				
20c. TIME OF INJU	10	or 20d. In While of work	NJURY OCCURRED Not while of work	20e. PLA foc	ACE OF INJURY (Home, forstory, street, office bldg., etc.	m, 20f. (City	or town)	(0	County)		(Stote)
21. I certify	that latended the	decease	ed from 10/1	4/	19 56 to 7	7/22/	10 58	,that I	last so	w tha	decens
olive on	7/22/		M 100	dooth	occurred ot 9:50P	AA form	Ab a service		1031 30	w ille	deceose
>	1 m	1/2	, 9/9 /1.01	//	occorred of 2 - 2 - 2 - 2		freet, city or town,		ne aai		ed abov
ACTUAL	usnel 11	When	4/1/9x	6	A.D. Crownsvil		te Hospi		d.	7/	/23/5
PHYSICIAN'S L	lonel McHenr	y Maj	op, M. D.		Crownsvil	le Sta	ate Hospi	tal,M	d.	7	/23/5
220 BURIAL CREMATI	ON, 229 DAYS THEREC	6/50	22c. NAME OF COM	TERY OF	CHEMATORY	22d OCA	TION (City, Parn, o	r county)		Mestor	1
3. FONERAL DIRECTO	R'S SIGNATURE!	1	ADORESS	0	24 REC	D BY REGIST	TRAR 246 RIGIS	TRAR'S SIC	SNATU	E	/
4 Vers	W/ //wor	0 f	- Som N	100	tre Moure	JUL 28		ited	will		

24 haurs after death: Page 4 Pages I and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within The properties on the haspital ar attending physician.

The properties of the haspital ar attending physician.

The properties of the haspital ar attending physician and campletely and the please remaye carbon papers. Per page 3 shauld be detached for use of the burial-transit permit. Then please remaye carbon papers. Per the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ATE		7519 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
EPĮ.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY
		Anne Arundel MARYLAND Same
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Annapolis 2 years X Same
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM
0		St. Margarets Rd. Same YES No
		NAME OF First Middle Lost 4. DATE Month Day Year
		(Type or print) Virgil Jesse Belair (alias Blair) OF DEATH July 10 1958 19
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours loss lyinhoday) Adapth 1 2011 House 24 H
		M WIDOWED DIVORCED 2/2/1900 58 yrs. Months Days Hours Min.
	100	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT during most of working life, even if retired)
		Laborer Wholesale Grocery Paintsville , Kentucky. USA
	13	. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
1		Daniel Belair Lena Estep
/	15 174	. WAS DECEASED EVER IN U. S. ARMED FORCES? In, no, or unknown) (If yes, give wor or delets of service) 16, SOCIAL SECURITY NO. 17. INFORMANT Address
		no 2/3-05-2385 Mrs. Thelma Biensach (sister) Westminster, Md
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Coronary Occlusion INTERVAL BETWEEN ONSH AND QUARM ONSH AND QUARM SUGGED SudGen
		IMMEDIATE CAUSE (c) DUE TO
		Conditions, if ony, which (b)
		gove rise to immediate couse
		couse lost.
	Z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS
6	M	PERFORMED YES NO
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF OF ONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.)
	MEDICAL	20c. TIME OF INJURY Menth, Doy, Year North, Doy, Year Nor
		21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in m
		opinian death resulted fram: Natural causes X. Accident . Suicide . Homicide . Undetermined manner
		1
		SIGNATURE SUSTICIO MEDICAL EXAMINER DATE SIGNED
		ASSISTANT MEDICAL EXAMINER
		NAME (Type) Gustave H. Faubert, M.D. DEPUTY MEDICAL EXAMINER 7/10/58
	220	BURIAL, CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
		Burial 7-14-58 Mr. Pleasant Cemetery Camber, Maryland
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D M REGISTRATS 8 246. REC'D M REGISTRATS SIGNATURE
		John R. Byers Westminster, Md.

recorded, alltimate groups at all an algor TEVE TO STANDARD TO THE STANDARD A SAME SERVICE AND THE REPORT OF THE PROPERTY is, Pichell Constant . . Office, Insulia Nobel R. Elexa West & attr. A. major, FOR STATE HEALTH DEPT.

VS. AISME SM 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7520 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	.0.50							Reg. Dis	t. No.	
1. PLACE OF DEATH	Anne Arunde	1	MARYLAN	O. STATE	Virg		b. COUNT	ry	rfax	odmission)
b. CITY OR TOWN and give nearest tow	If outside corporate limits, write-	e RURAL	c. LENGTH OF STAY IN 1	b c. CITY			orote limits, write			it lown)
Annapol			DOA		Falls	Church	1 8	33X-	.3	V
		(If not in hos	pital, give street address)	d. STREE	ADDRESS	W41.944_X+			e.	IS RESIDENCE
DOA Anne A	rundel Gene	ral H	ospital	60	6 Wood	dlawn A	lve.,			ON A FARM?
3. NAME OF DECEASED (Type or print)	James	rst	Middle W •	BLYTH	, II	4. DATE OF DEATH	Mani Ju		Doy 8	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIED	B. DATE OF BIL	TH		9. AGE (In years	IF UNDER 1	YEAR IF U	INDER 24 HKS.
Male	White	WIDOWE	DIVORCED	October	2. 1	952	fost birthday! 5 yrs.	Months D	lays Hou	ırs Min.
100. USUAL OCCUPATION	ON (Give kind of work ng life, even if retired)	done 10b. 1	CIND OF BUSINESS OR IND				untry)	12. CITIZ	EN OF WH	TAT COUNTRY?
None				Fort	Belve	oir, Va			U.S	
13. FATHER'S NAME					'S MAIDEN					
Rodney A	. BLYTH, Sr			Caro	l Mar	jorie I	effler			
		RCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT			Address	1-	100	
No	(17) 61, 91.10 1161 01 00101 01	ioco	None	1	ather					
18. CAUSE OF DEA	ATH [Enter only one co	use per line	far (a), (b), and (c).)						INTERVAL B	ETWEEN
PART I. DEA	TH WAS CAUSED BY:	Dr	owned, drowni	nø			N990		Inst	
929.8	DUE TO	1	union, and	***			*1779			
Conditions, if	ony, which) (b	,							115	
gove rise to imme	diote cause	-	······································							
(a), stating the cause last.	(c)								
Z PART II. OT	HER SIGNIFICANT CON	IDITIONS CO	ONTRIBUTING TO DEATH BU	IT NOT RELATED	O THE TERM	INAL DISEASE	CONDITION GI	VEN IN PART		
5									YES [RFORMED?
PART II. OT	USE WAS 2	0b. DESCRIBI	E HOW INJURY OCCURRED	. (Enter nature al	injury in Po	rt I ar Part II e	of item (8.)			
	· INTRIBUTING []	Drown	ed while bath	ing at h	aro R	each l	74			
20c. TIME OF INJU	JRY Month, Day, Ye		INJURY OCCURRED 20e.	PLACE OF INJURY	(Home, for	n. 1 20f. (City		(Coun	ily)	(State)
Hour a.m.	19	While of we	Not while ork at work	Movin Re	ce bldg., etc	.)		A .		
	hat 1000 charge	- 31	remoins described o			y D. In	spection X	Inquiry		and in my
/	1.1/.	Natural	1 - 1			Homicide	-	ermined m		7
opinion death	*	101010	doses []. Acciden	, 501C	Ge [],	riomicide	, Olidere	ininieu m	uniner [_
ACTUAL	17/	1/2	111	CHIE	MEDICAL E	XAMINER [DA	TE SIGNED
SIGNATURE	How) Max	XII	M.D.		AL EXAMINER	П		July	8, 1958
EXAMINER'S NAME (Typh)	Elmer G. Li	nhard	t, M.D.			EXAMINER TO			وعدا	-, -,,
220. BURIAL CREMATI	ON! 226. DATE THERE		22c. NAME OF CEMETERY				ION (City, town,	or county)	C	State)
REMOVAL (Specify burial	July 14,	1958	Arlington	National			ington,			
23. FUNERAL DIRECTO	D'S SIGNIATITE		ADDRESS		24a. REC	D BY REGISTR		STRAR'S SIGN		
C.P. Ive	emes-		vilson Blvd.		DATE	IG 2 7 '58	3 0	11-in 8 9	4	
			<u> </u>		بالثان حساب			the state of	walle	

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shauld be detached O FUNERAL DIRECTOR: A page 3 should be detach

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VS A1S (4)

O HOSPITAL

prior

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07517

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence Afore admission) o. COUNTY o. STATE b. COUNTY MARYLAND NUE HRUNDA b. GMY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RUIAL and give nearest flown) NUADONIS d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM CHE YES NO NAME OF First 4. DATE Middle Month Day Year DECEASED (Type or print) DEATH 190 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS 8. DATE OF BIRTH AGE (In years lost birthday) Months Days Hours Min DIVORCED | WIDOWED TO yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during/most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) # 2 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **DUE TO** Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day. 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from, 1925 that I last saw the deceased alive on and that death occurred at. M, from the causes and on the date stated above. ADDRESS (Street, city of town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF NAME OF CEMETERY, OR CREMATORY 22d ADCATION (City, towe, or county) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR'S STONATURE ADDRESS 24g. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

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		C. X.	
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	and the state of t		
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THE MALE			
	Ol se Crapad		

07518 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	7552 MEDICA	L EXAMINER'S	CERTIFICA	TE OF DEATH	Reg. Disf. No.
1.	PLACE OF DEATH . COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution b. COUNTY	ian: Residence before admission)
1	b. CITY OR TOWN (If outside corporate limits, write RURA) and give negrest lown)	c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If outside carporate limits, write F	RURAL and give nearest town)
L	Curtis Bay	Few hour	Baltimore	3 v	01-11
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho until Creek	spital, give street address)	d. STREET ADDRESS	Exeter St.	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASED (Type or print) Evelyn Rita Bo	Middle ston	Lost	4. DATE Month Of DEATH July 29	Doy Yeor 1958 19
5.	SEX 6. ČOLOR OR RACE 7. MARRI	_	DATE OF BIRTH	lest hirthday)	IF UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.
100	n. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Attending school.	KIND OF BUSINESS OR INDUST	Baltimo		USA
13	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	Robert Boston (deceas	ed)	Grace B	ruce	
	. WAS DECEASED EVER IN U. S. ARMED FORCES? [If yes, give war or dates of service]		iformant irs. Ørø' Gr	ace Boston (Mot)	her)
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: 929.8 IMMEDIATE CAUSE (o)	for (o), (b), ond (c).] Accidental I	Prowning		interval between onset and death Sudden
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. (c)				
CAHON	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE CONDITION GIVE	PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. Hour o. m. White	Not white of Clure remains described obove	Diwned in 20 If Of INJURY (Home, for ray, street, office bldg., etc.) tis Creek ve, held an Autop	feet of Water. m. 20f. (City or town) Curtis Ray sy , Inspection A, Homicide , Undeter	(County) (State) A.A. Md. Inquiry A and in my mined manner DATE SIGNED

Gustave H. Faubert, M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF

8-1-58

DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY

Olivet Cometery

7/29/58

22d. LOCATION (City, town, or county)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS William Cook, Inc., 1217 St. Paul Street

Mout

240. REC'D BY REGISTRAR DATEJUL 3 1 '58

ME DESISTRATES SIGNATURE

(Stote)

到了可是 ELL 人名斯特尔斯拉拉森加州亚加州亚加州东西州南部北部城市城市大学。如何在西部城市 The second state of the property of the second state of the second secon Commission of the second of the second

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
7522 Tte	CERTIFICATE OF DEATH	R

		Ttoms	8 9 14	THE PARTY	7-111-5	e t			Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY Anne	Arundel		MA	RYLAND	2. USUAL RESIL		ere decease	b. COUNTY	ion: Residen	unde:		n)
RURAL ond give n		, write	LENGTH OF STA	AY IN 16				rote limits, write I	RURAL ond	give near	est town)	
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, giv	e street od	dress)		d. STREET A	DDRESS	3			e	. IS RESID	
	Arundel Gen	eral	Hospital		73 Shi	pwrig	ht St	reet			YES 🗌	
3. NAME OF DECEASED (Type or print)	J AME:	S	P BRO		Las		4. DATE OF DEATH	JULY	7	Day	Ye	58
s. sex Mzle	6. COLOR OR RACE	7. MARRIEI			DATE OF BIRT	1899		9. AGE (In years lost birthdoy)	IF UNDER Months	I YEAR I	Hours	24 HRS. Min.
10- USUAL OCCUPATIO	ON (Give kind of work do king life, even if retired)	o Sec	t. of St	or indust	RY 11. BIRTHPL				12. CIT			OUNTRY?
13. FATHER'S NAME		ISTA	te of Ma	ryland	14. MOTHER'S	MAIDEN N	Mary	Iana		US	A	
Ernest N					Ma	ry E.	REAL	k Monah	an			
(Yes, no, or unknown)	R IN U. S. ARMED FORCI	rice)	OCIAL SECURITY N		FORMANT	h C	Prop		ress	0.0	4 2	
NO CAUSE OF DEA	ATH [Enter only one cous		-05-1346		. Doro	my G.	Droe	k- Wife-	Dame	25	VAL BET	
539. Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate the under- DUE TO (c)_	D.	erfor	orillatin	is.	Cese	ele.	resy		1	T AND I	7.19
CATIO	HER SIGNIFICANT CONDI	TIONS COI	NTRIBUTING TO D	DEATH BUT N	OT RELATED TO	THE TERMIN	VAL DISEAS	E CONDITION GIV	VEN IN PAR		PERFOR	MED?
	AS UNDERLYING CONTROL OF CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESCRI	IBE HOW INJURY	OCCURRED.	(Enter nature o	Kinjury in P	ort I or Pari	II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year	20d. INJU While of work [Not while of work	20e. PLAC	CE OF INJURY II	Home, form, bldg., etc.)	20f. (City	or lown)	N	County)		(Stote)
21. I certify the alive an	and I attended the o	deceased , 12.58	7	at death of	occurred at	5.20P		the causes of reet, city or town,	and on the		stated	
PHYSICIAN'S	Albert Ande	rson			4450	uthga	te Av	e. Anna	polis	, Md	•	17
220. BURIAL, CREMATIO REMOVAL (Specify)			Cedar B				22d. LOCAT	ION (City, town, olis, Ma	or county)	d	(Stote)	
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please Examined the configuration of	AE 7	By.
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	MA	RYLAND ST	ATE DEPART	MENT OF	HEALTH-B	ALTIMORE,	18
	7553	MEDICAL Items	EXAMINE	R'S CERT	IFICATE O	F DEATH	1
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	If outside corporate fimits, write of	RURAL	c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (III	oulside cor	porote limits, write	RURAL	ond give n	earest to	wn)
d. NAME OF HOSPIT	TAL OR INSTITUTION (I	f not in hosp	ital, give street address))	d. STREET ADDRESS					ON	A FARM?
NAME OF DECEASED (Type or print)	Fire WILL TA		Middle		Lost BROOKS	4. DATE OF DEATH	July	1	Doy 2		58
sex Male	6. COLOR OR RACE White	7. MARRIEL	NEVER MARRIED	36-	DATE OF BIRTH Lr. 19, 1905		9. AGE (In years lost birthday) 53 yrs.	Months Months	Days	Hours	ER 24 HFS Min,
o. USUAL OCCUPATI during most of worki Plaster wo	ing life, even if retired)	ione 10b, Ki	ND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Stote	or foreign	country)	-	TIZEN O		COUNTR
3. FATHER'S NAME	unknown				14. MOTHER'S MAIDEN I unknow						
S. WAS DECEASED EV	VER IN U. S. ARMED FOI (If yes, give mar or dates of	ervice)	7-34-2018		ormant . Ellastt,	Odente	Address on, Md.				
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gove rise to imme (o), stoling the couse lost.	ony, which (b) (b) odiote couse underlying (c) (c) (HER SIGNIFICANT CONI	DITIONS CO	NTRIBUTING TO DEATH	both BUT NO		TNUA	SE CONDITION GIV	EN IN PA	1	9. WAS PERFO	AUTOPSY PRMED? NO
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	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY OF A COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE AUSLAND b. COUNTY L. C. COUNTY
b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give negrestriawn)	c. CLTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) Benjamin B	Last 4. DATE Month Day Year OF DEATH 7 1958
5. SEX. Acce 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 6-14-1878 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min. M
10a. USUAL OCCUPATION (Give kind of work done during most of working life, every'if retired)	OUSTRY 11., BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY A A
13. FATHER'S NAME 7 BAOWN	Harriettai Brown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos, no. 10) unknown) (It yes, give wor or dates of service)	INFORMANT Address MA
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	the Hyperansen Cardy Interval Between ONSET AND DEATH
Conditions, if any, which gove rise to immediate DUE TO	hand god III / moth
lying couse lost. (c)	V
5 Glancom a dlett	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING LI CAUSE OF DEATH	RED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a. j1. p. m. 19 20d. INJURY OCCURRED While Not while of work of work of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (Caunty) (State)
21. I certify that I attended the deceased from the alive on 12 , and that deal	the occurred atM, from the causes and an the date stated above
ACTUAL SIGNATURE & Carlow Con	ADDRESS (Street, City or town, stole) M.D. (1) - C- F + ST + HFF POL (5 PF 9)
PHYSICIAN'S NAME (Type)	
220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY 1-20-1958 + Open	OR GREMATORY (22d LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE DATE JUL 2 3 '58

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hours after death. Page 4	d in by the funeral director	and 2 should be filed with	(' '	くて書
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	stained by the haspital or altending physician. I DIRECTOR: After this center the base been standed by the attending physician and completely attentions and completely attended to the completely attended to th	3 should be detached for use as me burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed-with	gistrar priar to burial, cremation, or remayal, and in any event within 72 hours after death.	
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JO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4	by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this ce are has been signed by the attending physician and completely d in by the funeral director.	e detached far use as me burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with	r to burial, cremation, or remaval, and in any event within 72 haurs after depth.
TENDIN	y the has	TOR: Afte	detached	to burial,
TO HOSPITAL OR A	may be retained by	TO FUNERAL DIRECT	page 3 should be d	the registrar prior to
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death certificate be executed within 24 hours after death. Page 4	tending physician and completely d in by the funeral director, please remove carbon papers. Pages 1 and 2 should be filed with 72 hours after death.
rtificate be ex	tending physician and complease remave carbon pape vithin 72 haurs giter death.
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MARYLAND STA	TE DEPARTMENT	OF HEALTH-BALTIMORE,	18
MENT	CERTIFICATE	OF DEATH	

		755	5 CERTII	FICA	ATE OF DEAT	TH		Reg. D	ist. No	. 04	
1. PLACE OF DEATH	lel		MARYL	AND	2. USUAL RESIDENCE (**Maryland**	Where decease	d lived. If instituti				sion)
Crownsvil]	e		1 y 10m 6d		e. CITY OR TOWN (RURAL ond			n)
d. NAME OF HOSPI OR INSTITUTION Crownsvill	TAL (If not in hospital, e State Ho	give street spite	address)		d. STREET ADDRESS 2001 E. J					e. IS RES	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)		nry	Middle W.		Brown	4. DATE OF DEATH	Mor 7	oth	Do	ĭ	Yeor 19 58
5. SEX Male	Negro	WIDOW			8. DATE OF BIRTH 10/25/ Q 9		9. AGE (In years lest birthday) yrs.	Months Months	R 1 YEAR Doys	Hours	ER 24 HRS Min.
Unknown	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	NDU	STRY 11. BIRTHPLACE (SIG		ountry)	12. CI		J.S.	COUNTRA.
13. FATHER'S NAME Unknow					14. MOTHER'S MAIDEN						
15. WAS DECEASED EV	Spanish of American	RCES? 16.	SOCIAL SECURITY NO.		NFORMANT Nospital Reco	ords	Add	ress			
PART I. DE. 451 X Conditions, if a gove rise to couse (o), stating lying cause last.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (composed for the sunder the sunder for the su	Che Ale Aor	CVD & tic Aneury	rrer sm	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PAI	ONS	9 WAS PERFO	DEATH
20a. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Ye	20b. DESI 49 For 20d. II	CRIBE HOW INJURY OC	CURREI	D. (Enter nature of injury in ACE OF INJURY (Home, for tory, street, office bldg.,	in Port I or Port	t II of item 18.)		(County)	YES [NO 🔀
	nat I attended the		ed fram 9/2	5	1956, to accurred at 8:3	7/31 OP M, fran	n the causes o	and on (the da	te state	decease ed abav ATE SIGN
PHYSICIAN'S NAME (Type)	L. Benedic		D. 22c. NAME OF CEMET	TERY O	Crownsvi		te Hospi			151-1	7
23. FUNERAL DIRECTOR	5 SIGNATURE	58	Ballis ADDRESS	no	re hate	C'D BY REGIST	Bal	to.	V	na	7'

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7523 CERTIFICATE OF DEATH Reg. Dist. N. 7523 with 1. PLACE OF DEATH directed wi 2. USUAL RESIDENCE (Where decepsed lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND M the funeral should be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RU(AL and give nearest town) d. NAME OF HOSPITAL If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO T NAME OF First Middle Last Year Month Day DECEASED (Type or print) DEATH 195 Pag 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years (hday) Months Days WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) carbon P offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ā ONSEL AND DEATH PART I. DEATH WAS CAUSED BY JMA IMMEDIATE CAUSE (o) DUE TO m. any Conditions, if ony, which gned gove rise to immediate bed DUE TO couse (a), stoting the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour 0. 0 While Not while at work at work p. m. 21. I certify that I attended the deceased fram 1917 that I last saw the deceased alive on and that death occurred of. M, fram the causes and an the date stated above. DDRESS Street city or on DATE SIGNED ACTUAL should PHYSICIAN'S NAME (Type) TO FUNERAL m 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAK 24b. REGISTRAR'S SIGNATURE

after death.

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	그 마다 하는 장소님은 이번에 가는 이 무슨데 이렇게 되었다. 이 사는 이번에 살아왔다면 다 있다고 있다고 있다고 있다고 있다. 그 것이 없는 것이 없는 것이 없다.
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FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ard "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 td. funeral director. Page 4 should be farwarded to the Ch. Medical Examiner's Office along with farm PM3. Page 5 may relained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, or its designated agent, prior to burial, cremation. ar remayal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07524

7556 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

Anne Arundel b. CITY OR TOWN (If outside corporate limits, write BURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN Pasadena d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Box 355 Garland Rd. 3. NAME OF First Middle Lost (Type or print) Victoria Irene Calvert 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 5/12/7/7	Same COUNTY I (If outside corporate limits, write RURAL and give nearest town) S e. IS RESIDENCE ON A FARM? YES NO 1
Pasadena d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Box 355 Garland Rd. 3. NAME OF DECEASED (Type or print) Victoria Irene Calvert 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	e. IS RESIDENCE ON A FARM? YES NO 4. DATE Month Doy Yeor DEATH July 12 19 58 9. AGE In poors IFUNDER 1YEAR IF UNDER 24 HRS
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Box 355 Garland Rd. 3. NAME OF DECEASED (Type or print) Victoria Irene Calvert 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	4. DATE Month Doy Yeor DEATH July 12 19 58 9. AGE IN 1901 IFUNDER 1YEAR IF UNDER 24 HRS
Box 355 Garland Rd. 3. NAME OF DECEASED (Type or print) Victoria Irene Calvert 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	4. DATE Month Doy Yeor DEATH July 12 19 58 9. AGE IN 1901 IFUNDER 1YEAR IF UNDER 24 HRS
3. NAME OF DECEASED (Type or print) Victoria Irene Calvert 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	4. DATE Month Doy Yeor OF DEATH July 12 19 58 9. AGE III- POOTS IFUNDER TYEAR IF UNDER 24 HRS
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W WINDOWED 1 5/12/7/	81 yrs. 10013 Mill.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Staduring most of working life, even if retired)	ote or foreign country) 12. CITIZEN OF WHAT COUNTR'
Retired house keeper A.A.Coun	tv. Md. USA
13. FATHER'S NAME	
Togonh O Tonog	
JOSAPH U LOPAZ 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
[Yes, no, or unknown] (If yes, give war or defes of service]	
	ine Calvert (daughter in law)
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
I WHEN IT CAUSE ON A COLOR POR TOTAL POR COLOR	?
527.2 DUE TO	
Conditions, if ony, which) (b)	
gove rise to immediate couse (a), stating the underlying DUE TO	
couse lost. (c)	
	PERFORMED?
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in P	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enfor noture of injury in P	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, for Month of Mont	orm, 20f. (City or fown) (County) (State)
Hour o. m. While Not while foctory, street, office bldg., e	etc.)
21. I certify that I took charge of the remains described above, held on Autor	psy , Inspection , Inquiry , and in my
opinion death resolved fram: Indioral causes [1], Accident [1], Soicide [1],	Homicide, Undetermined manner
ACTUAL GUELLAN NEW LOSDING CHIEF HERE	DATE SIGNED
SIGNATURE M.D. CHIEF MEDICAL	
FYAMINEP'S	DICAL EXAMINER
NAME (Type) Gustave H. Faubert M.D. DEPUTY MEDICA	AL EXAMINER 17/12/58
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)	22d. LOCATION (City, town, or county) (Stote)
Burial 7/15/58 Cedar Hill Cem.	Baltimore, Md,
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. RE	EC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
JOHN F. DENNY, INC. 715 Light St.	JUL 1 4 '58 Cll. Leauch

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7524 CERTIFICATE OF DEATH Reg. Dist. 127525 director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed c. COUNTY a. STATE b. COUNTY MARYLAND M deoth. b. QTTY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (IT autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) pluods makolio d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS 00 02M NAME OF First Middle 4. DATE Manth DECEASED OF (Type or print) DEATH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lan buthday) Months WIDOWED | DIVORCED T YES. 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life gven if retired) 13. FATHER'S NAME after 14. MOTHER'S MAIDEN NAME 200 15. WAS DECEASED EVER IN U. S. ARMED, FORCES? 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate per DUE TO cause (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) o. m. While Not while at wark at work a 21. I certify that attended the deceased from 195 S. that I lost sow the deceased __, and that deoth occurred at TO PM, from the couses and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL should PHYSICIAN'S Oliver Purvis, 40 Franklin St., Annapolis, Maryland FUNERA BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. KOCATION (City, town, of county)

e. IS RESIDENCE

Day

Hours

INTERVAL BETWEEN ONSET AND DEATH

AUTOPSY PERFORMED? YES NO

(State)

DATE SIGNED

(Stote

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

ON A FARM?

YES NO D

Year

193

page 0 15M 9/55

REMOVAL (Specify)

PUNERAL DIRECTOR'S SIGNATURE

CSC 4 E STATE OF DEATH
The first own and the form transfer of the state of the s
topics of water trade (A) is a second for the contract of the
Booler W. W. Oliver Percis, 20 Presentin Sc., come off covide a constant
The second secon

FOR STATE HEALTH DEPT.

teloy is necessory, please funeral director. Page etained for your files. & State Board of Health,

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de

or its designated agent, prior to burial, cremation, or remayol, and in any event within 72 hours after death. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any the execute the certificate, writing the difference of properties of the Chi. Medical Examiner's Office along with form PM3. Page 5 may be TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7525 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07526 Reg. Dist. No.

DI 4 00 00 DE 4										
o. COUNTY					2. USUAL RESIDENCE o. STATE	(Where decease	ed lived. If institu		ice before ad	mission)
	nne Arunde			MARYLAND		ryland		Anne	Arund	
b. CITY OR TOWN (III and give negres) town		write RURAL	c. LENGTH OF	STAY IN 16	c. CITY OR TOWN	(If outside corp	porate limits, write	RURAL ond	give neorest	own)
Charach.	1. 1. 1.				V Am	nold				
d. NAME OF HOSPIT	TAL OR INSTITUTION	I (If not in I	hornital aive street	address)	AL STREET ADDRESS				1- 15	RESIDENCE
										A FAPM?
Anne	Arundel Ge	eneral	Hospital		В	0x 369	Rt. #2		YES	□ NO 🔀
3. NAME OF DECEASED		First	Mid	die	Lost	4. DATE	Mont	h	Doy	Yeor
(Type or print)	M	ARION	T		CARDWELL.	DEATH	T.,	7	22	10 20
S. SEX			RIED X NEVER M				9. AGE (In years	-	31	1958
, JEA	a. COLOR OR RAC			AKKIED	DATE OF BIRTH		lost birthday)	Months D	TEAR IF UN	DER 24 HRS
Female	White	WIDOY	VED DIVO	RCED F	TPRIL 16,	1925	33 yrs.	Motitis	dys nous	Pritti.
during most of working HOUSE 13. FATHER'S NAME	ng life, even if retired	d)	ow NHO	me	VIRGI 14. MOTHER'S MAIDEN	7/d I NAME	ountry)	12. CITIZ	EN OF WHA	T COUNTRY
Tames	1 1110	1-			ALICO N	1. 3=	ker			
JAMES L	ER IN U. S. ARMED	SORCES II	6. SOCIAL SECURIT	V NO 117 MH	ORMANT	100				
Yes, no, gr unknown)	(If yes, give war or doles		16. SOCIAL SECURIT	1 NO. 17. HVI	ORMANI	11	Address	_	-101	11
NO				Koc	rer Large	vell	18+ 2	Boy :	369 HY	nold.
	ATH [Enter only one	cause per li	ne for (a), (b), and ((c).]					INTERVAL BET	VEEN
PART I. DEA	TH WAS CAUSED BY	1	Subarachn	oid hem	orrhage				ONSET AND E	EATH
230.1	IMMEDIATE CAUSE	(o)					4			
300 X	DUE 1									
Conditions, if o		(b)	Ruptured :	Berry a	neurysm					
gove rise to imme		0								
(o), stoting the	Underlying									
		(c)	COLITAINITALIC TO	051711017110						
PART II, OTH	HER SIGNIFICANT CO	ONDITIONS	CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TER	MINALDISEAS	E CONDITION GIV	VEN IN PART	1(o) 19. WAS PERF YES [A]	ORMED?
200. EXTERNAL CAI PRIMARY OF COI CAUSE OF DEATH.	NTRIBUTING []	20b. DESCR	RIBE HOW INJURY	OCCURRED. (Ent	er nature of injury in F	art I or Part II	of item 18.)			
CAUSE OF DEATH.		Yeor 20	. INJURY OCCURR		OF INJURY (Home, fo	rm, 20f. (City	or town)	(Coun	ity)	(Stote)
CAUSE OF DEATH. 20c. TIME OF INJUING O. m. p. m.		WI	hile Not while work at wark		y, street, office bldg., e	tc.)				
20c. TIME OF INJUI Hour o.m. p.m.	1	19 of	work at wark		y, street, office bldg., e		spection [Inquiry		nd in my
20c. TIME OF INJUING O. m. p. m. 21. I certify the	hat I took char	ge of the	work at wark	ribed above	y, street, office bldg., e e, held an <u>Auto</u>	osy 🛣 , Ir	nspection []	, Inquiry	_	nd in my
20c. TIME OF INJUING O. m. p. m. 21. I certify the	1	ge of the	work at wark	ribed above	y, street, office bldg., e e, held an <u>Auto</u>			, Inquiry	_	nd in my
20c. TIME OF INJU Hour o. m. p. m. 21. I certify the opinion death	hat I took char	ge of the	work at wark e remains desc	ribed above	y, street, office bldg., e e, held an <u>Auto</u>	osy 🛣 , Ir			onner 🗌	
20c. TIME OF INJU Hour o. m. p. m. 21. 1 certify the opinion death	hat I took char	ge of the	work at wark e remains desc	Accident	e, held an Auto Suicide ,	osy (K), Ir Homicide			onner 🗌	nd in my
20c. TIME OF INJUINED OF INJUI	hat I took char	ge of the	work at wark e remains desc	Accident	e, held an <u>Auto</u> , Suicide , , CHIEF MEDICAL	Homicide	. Undete		DATE	SIGNED
20c. TIME OF INJU Hour o. m. p. m. 21. 1 certify 11 opinion death	hat I took chargesulted fram:	ge of the	work at wark e remains desc	Accident	e, held an Auto Suicide ,	Homicide EXAMINER ICAL EXAMINE	. Undete		onner 🗌	
20c. TIME OF INJU Hour o.m. p. m. 21. 1 certify the opinion death ACTUAL SIGNATURE EXAMINER'S	hat I took charge resulted from: Charleson, 22b. DATE THER	ge of the Natura	e remains described in the remains described i	Accident D.	e, held an Auto, Suicide , M.D. CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICAL	Homicide EXAMINER L EXAMINER [. Undete	ermined m	DATE 8/1,	SIGNED
20c. TIME OF INJU Hour o. m. p. m. 21. I certify the opinion death ACTUAL SIGNATURE EXAMINER'S NAME (Type) 120. BURIAL, CREMATIC	hat I took charge resulted fram: Charl ON, 22b. DATE THER	ge of the Natura	Petty, M 22c. NAME OF C	Accident D.	e, held an Auto, Suicide , M.D. CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICAL REMATORY 1 CT PY	Homicide EXAMINER ICAL EXAMINE L EXAMINER 22d. LOCA- CD BY REGIST	Undete	ermined m	DATE 8/1, (Ste	SIGNED

A THE PERSON NAMED IN THE PARTY OF THE PARTY Chrond town or control of the parties to selfing Committee of the company of the committee of the committe

7557 CERTIFIC

4	ATE OF DEATH	Reg. Dist. No.
	2. USUAL RESIDENCE (Where deceased live o. STATE Md.	d. If institution: Residence before admission) b. COUNTY
	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town)
	★ Gambrills	
Ì	d. STREET ADDRESS	e. IS RESIDEN

Burnie, Ma

Anne	Arundel		MARY	AND	o. STATE	Md	•	b. CO	UNTY	AA			
b. CITY OR TOWN (If RURAL and give nec		s, write	c. LENGTH OF STAY	N 1b	, ,	town (if a		rote limits, w	rite RU	RAL and g	ive ned	rest fowr	•)
d. NAME OF HOSPITA OR INSTITUTION		ive street (oddress)		d. STREET		st Ro	ad					FARM?
NAME OF DECEASED (Type or print)	Jose		Middle Duke		Clar		4. DATE OF DEATH		Monte		Do	•	Yeor
Male Male	6. COLOR OR RACE White	7. MARR	D DIVORCED	_	May 2	187	6	9, AGE (In lost birth	yeors	Months	1 YEAR Days	Hours	R 24 HRS. Min.
during most of worki	na lile, even il retiredt	1 1 200	lf-emplo			LACE (Stole	or loreign co	ountry)			ZEN O	F WHAT	COUNTRY
FATHER'S NAME Joseph	I. Clar	k			14. MOTHER		et R.	Pump	ohr	ey			
	IN U. S. ARMED FOR		SOCIAL SECURITY NO7-07-5798	120	rs Sa	rah C	lark,	Same	Addre				
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO y, which mediate DUE TO	H	e lor (o), (b), ond (c).] (ypertensiv	e ca	rdio Ve	sculai	r dise	ases.			ONS	RVAL BEET AND	DEATH
PART II. OTHE	R SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT N	OT RELATED T	O THE TERMI	NAL DISEASI	E CONDITIO	N GIVE	N IN PARI	1(0) 1	PERFO	AUTOPSY PRMED? NO 🔀
20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	206. DESC	RIBE HOW INJURY OC	CURRED.	(Enter noture	ol injury in I	Port I or Port	t II ol item 1	B.)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yea	While of work	Nat while		E OF INJURY try, street, offi			or town)		(0	ounty)		(State)
alive an 7/1	at I attended the 5/58	_, 19	ed fram July and that		/ '/	11.4	M, fron	n the caustreet, city or	ses ar	nd an th	ast so ne dat	le state	decease ed above ATE SIGNE
PHYSICIAN'S G.			M. D.		5.F	rst	Ave S	E, GI	en	Bur	nie	,M	d

ADDRESS Glen Haven Memorial Glen
240. REC'D BY REGISTRAR

Glen Burnie, Md

DATE UL 2 1 '58

1958

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the attending physician and complete ofter, the registrar prior to burial, cremation, ar remayal, and in any event within 72 hour the burial-transit permit. may be retained by the haspital or page 3 shauld be detached for use

24 haurs after death. Page 4

in by the funeral director, and 2 should be hied with

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1. PLACE OF DEATH

13

MEDICAL CERTIFICATION

Burial

VS A15 (4) 15M 9/55



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	BEEtro			0.00	
		Maria		agenov -c	
STATE OF STREET					
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	med A Jorga	1862		Year I a	
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len Formis, Ma.					
• (eri naiv	nga et a s		OV STATE	511601
		<u> </u>		version at a	

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FOR STATE

HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificote should be executed within 24 hours after death. If ony deloy is necessary, please execute the certificote, writing the 3rd "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 tem funeral director. Page 4 should be forwarded to the Character Examiner's Office along with form PM3. Page 5 may relained for your files.

TO FUNERAL DIRECTOR: Page 3 shootd be used as buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriol, cremation, or removal, and in any event within 22 hours offer death.

VS. A15ME 5M 2/57

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7558 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Item 18-Film

	, , , ,					Keg. Dis	1. No.		
	PLACE OF DEATH		2. USUAL RESIDENCE (W	here decease	ed lived. If institu		ce before	admiss	ion)
	Inne Arundel County	MARYLAND	o. State Maryland						- V
-	 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	autside carp	iorote limits, write	RURAL and	give near	est fown	1)
	Brooklyn Park	Few minutes	Brooklyn 2	25	3 V	01-4	-		
	the way to Dr. Sosnows		d. STREET ADDRESS	s Ave.			· Y	ONA	FARM?
	NAME OF First	Middle		4. DATE	Manil				21
	DECEASED (Type of print) Diane Margaret (2037	OF DEATH J		1958	Doy	19	F
5. 5	EX 6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED 8.	DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF	UNDER	24 HRS.
	T TJ WIDO	OWED DIVORCED	10/8/57		feet birthday] YES.	Manths D	P Stell	lours	Min.
100	. USUAL OCCUPATION (Give kind of work done)	Ob. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote of	or foreign co		12. CITIZ	EN OF W	VHAT C	OUNTRY?
	during most of working life, even if retired) None		Baltimore			USA			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N						
	Harry E. Connor Jr.		Lillian So	chilli	ng				
15.	WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	FORMANT		Address				
(Yet	(If yes, give was or dates of service)	none	Mr. Harry E.	Conno	or (fathe	r)			
	18. CAUSE OF DEATH [Enter only one couse per	line for (o), (b), ond (c).]					INTERVAL ONSET A	ND DEATH	4
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Interstitial	pneumonitis						
	525 × DUE TO		Part and a second						
	Candidana Wanna akkii N								
	gave rise to immediate cause		4,						
	(a), stating the underlying DUE TO								
Dine	couse last. (c)								
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART		PERFOR	
ENTER	PRIMARY or CONTRIBUTING	CRIBE HOW INJURY OCCURRED. (Er	iter nature of injury in Port	f or Part II	of item 18.)				
	CAUSE OF DEATH.								
MEDICAL	Hour a.m.	20d. INJURY OCCURRED 20e. PLAC White Not white facta of work at work	E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City	or lown)	(Coun	iy)		(State)
-	21. I certify that I took charge of t		e held an Autonsy	, D 1c	spection .	Inquiry		and	in my
			` ′				print,	C C	ти ту
	opinion death resulted from: Natur	at causes . Accident .	J, Suicide [_], H	fomicide	, Undefe	rmined m	anner		
	ACTUAL SIME	0					D	ATE SIG	SNED
	SIGNATURE // //	wer/	M.D. CHIEF MEDICAL EXA	AMINER X					
	EXAMINER'S		ASSISTANT MEDICA	L EXAMINE	² 🗆		- /	1-10	
	NAME (Type) Russell S. F.		DEPUTY MEDICAL E				7/33	1/58	
220	REMOVAL (Specify) 8-4-58	BAIto, Nati			110N (City, town, of		10	(State)	
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTI		STRKR'S SIGN		•	
	Mad 00 4 . 0 11	122 8 1n	of ATUR ALL		'58 CU	0 /	ich		

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07529

7559 CERTIFICATE OF DEATH

E OF DEATH	Reg. Dist. No

1-									110 g. 013			
1.	PLACE OF DEATH a. COUNTY	Anne Aru	ndel	MARYLAND	2. USUAL RESI	DENCE (When	e deceased	lived. If institution b. COUNTY	Anne	1	admissi	11.
	b. CITY OR TOWN RURAL and give	(If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If out	side corpore	ite limits, write RI	JRAL and g	ive near	est tawn)
	Gl	en Burrie		DAME OF	1 ×	plen E	Burni	e				
	d. NAME OF HOSE	PITAL (If not in hospital,	give street o	address)	d. STREET A						IS RES	IDENCE FARM?
	OK INSTITUTION	100 Suns	of A	h 1110	100	Sunse	+ Ani	110				NO 🔝
3.	NAME OF	Fi	st	Middle	Los		. DATE	Mon	h	Day	1	Year
	OFCEASED (Type or print)	Helen		Anna	Conno	r	OF DEATH	7		9	1	19 58
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRT	Н	9	AGE (In years last birthday)	Months	Days I	F UNDE Haurs	R 24 HRS.
L	temale	White	WIDOWE	DIVORCED	Oct 2	3, 191	06	51 yrs.		ouys	naurs	Min.
100	during, most of w	TION (Give kind of work prking life, even/if retired	done 10b.	KIND OF BUSINESS OR IND	01	to. Mo	foreign cou	intry)	12. CITI	ZEN OF	WHAT A.	COUNTRY
13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NA	ME					
1	- 1/	1.:1.			M	11	_//					
15	WAS DECEASEDED	VER IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	ary 110	mey	Addr	PES	-	-	
	s, no, or unknown)	(If yes, give wor or dates of		15-22-1402	M. 0	mes A	. Con	mor,	sar	ne		
F	18. CAUSE OF D	EATH [Enter only one co	use per-lin	ne for (a), (b), and (c).]			/ .				VAL BE	
	PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	. Cle	eseco-L	100 2600	Cor	1.22	e do de	, 1	ONSE	TAND	DEATH
	170x	DUE TO										
	Conditions, if	may which \	(1/	to the second	Co	c. 0 C -po				1	12 0	10000
	gave rise la	immediate (,	4		/			-		6.4	, , ,
	lying cause las	A tue huder.	, Ca	2. 0) lex	cast	- (12	e ce	roud	1.	1	11/2	-
CATION	PART II. O	THER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BL	IT NOT RELATED TO	THE TERMINA	AL DISEASE	CONDITION GIV	EN IN PART		PERFO	AUTOPSY RMED?
CERTIFIC	OR CONTRIBUTIN	VAS UNDERLYING [] HG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	ED. (Enter nature a	of injury in Pa	rt I or Part I	l of item 18.)				2
MEDICAL	20c. TIME OF INJU Haur a. ju p. m	10	While	NJURY OCCURRED 20e. 1 Not while t at work	PLACE OF INJURY (actory, street, affice	Home, farm, e bldg., etc.)	20f. (City o	or town)	(C	ounty)		(State)
	21. I certify	that I attended the	decease	ed from	26, 1958	, ta Vie	1. 9	, 1948	that 1 l	ast say	v the	deceased
	alive on	1	. 195	2, and that deal	h occurred at	5 9	M. from	the causes a				
		·	0	(00001100 00			et, city or tawn,		c dair		ATE SIGNED
	ACTUAL SIGNATURE	leay. L.	190	ecc fr	M.D X - 4	1211	0	(7	191	18
	PHYSICIAN'S NAME (Type)	Charles L	. Ва	ll, Jr.	Lin	thicum	n, Ma	ryland				
220	BURIAL, CREMAT REMOVAL (Special	10N, 22b. DATE THERES	8 8	Holy Cross	OR CREMATORY Comete		A.A	ON (City, Iown, o	rula	nd	(State	•)
23.	FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		24a. REC'D	BY REGISTR	AR 24b. REGIS	TRAR'S SIG	NATURE		
1	eonard	J. Ruck 5	305 1	Hartord Roa	d #14	DATEJUL	1 1 '58	Ree		1		

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1000				
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Can of Salaman Salaman	region and steeld			
			. 2021	
		,	- Marine Day	
	CHOIL HE WORLD			

FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ard "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 the funeral director. Page 4 should be forwarded to the Ct. Medical Examiner's Office along with form PM3. Page 5 may retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Phagith, ar its designated agent, prior to barial, cremation, or removal, and in any event within 72 hours after death. M I

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7526 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Rea.	Dist.	07	U	U	V

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15. WAS DECEASED EVER IN U. S. ARMED FORCESS 16. SOCIAL SECURITY NO. 17. INFORMANT Address	Fabrill	12. CITIZEN OF WHAT COUNTRY? Maybland 12. CITIZEN OF WHAT COUNTRY?
18. CAUSE OF DEATH Enter only one course par line for (o), (b), and (c).	Walter Curtis Sh	LIMA ABNUS
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MEDICAL EXAMINER & CERTIFICATE OF DEATH Name of the line at the window The English of the Land of the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7560 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Rea Dist No

				MCS. MINT. 1401
PLACE OF DEATH O. COUNTY				titution: Residence before admission)
Anne Arundel'	MARYLAND	o. STATE Maryland	b. cou	NIY /
b. CITY OR TOWN (If outside corporate limits, write and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, wr	rite RURAL and give nearest lown)
Curtis Bay	Few hours	Baltimore		3 V 0 1 - 4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
Curtis Creek		905 Watson	Street	ON A FARM? YES NO T
3. NAME OF Fin	st Middle			onth Day Year
(Type or print) Branda Mae	Davis		OF DEATH July	
	7. MARRIED NEVER MARRIED X 8.	DATE OF BIRTH	9. AGE (In years	
F	WIDOWED DIVORCED	10/25/47	lost birthday	Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work	done 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole o	r foreign country)	12. CITIZEN OF WHAT COUNTRY
Attending school		Roanoke	Ve.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		1 00%
Frank L. Davis		Doris Mari		
15. WAS DECEASED EVER IN U. S. ARMED FOR	RCES? 16. SOCIAL SECURITY NO. 17. IN	DOL'TS MIST.	•	
(Yes, no, or unknown) (If yes, give war or dates at	service)		Addr	
No		and Mrs. F.	J. Davis (pare	ents)
18. CAUSE OF DEATH [Enter only one cou				INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Accidental Drownin	ng		Sudden
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Conditions, if any, which) (b)				
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PRIMARY D or CONTRIBUTING CAUSE OF DEATH.				
	Went swimming in Cur r 20d. INJURY OCCURRED 20e. PLAC	TIS Creak and	drowned in	20 feet of water. (County) (Slote)
Hour o.m.	While Not while tocto	ry, street, office bldg., etc.)	201. (City of town)	(County) (State)
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opinion death resulted from: N	Natural causes 🔲 , Accident 🛭	, Suicide , H	amicide 🔲, Unde	termined monner
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NAME (Type) Gustave H. F.	aubert.M.D.	DEPUTY MEDICAL EX	AMINER 7/	29/58
220. BURIAL, CREMATION, 22b. DATE THEREO		CREMATORY	226. LOCATION (City, fowr	n, or county) (Stole)
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23. BUNERAL DIRECTOR'S SIGNATURE	ADDRESS /	24a. REC'D	DY REGISTRAR 24b. REG	GISTRAR'S SIGNATURE
Frank Wella 1	1982 322 S.HI	GH ST DATE ALL	0 - 4 0	
7.00	7 - 2 0 17 11		02 59	William S. Kraus

certificate should be executed within 24 hours after death. If any stellay is necessary, please to "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to funeral director. Page Redical Examiner's Office along with form PM3. Page 5 may but retained far your files. d be used as a burial-transit permit. File peges 1 and 2 with the State Baard of Health, ial, cremation, or removal, and in any event within 72 hours after death. execute the certificate, writing the day should be farwarded to the Ch.

TO FUNERAL DIRECTOR: Page 3 should be or its designated agent, prior to buriol, TO DEPUTY MEDICAL EXAMINER: VS. A15ME 5M 2/57

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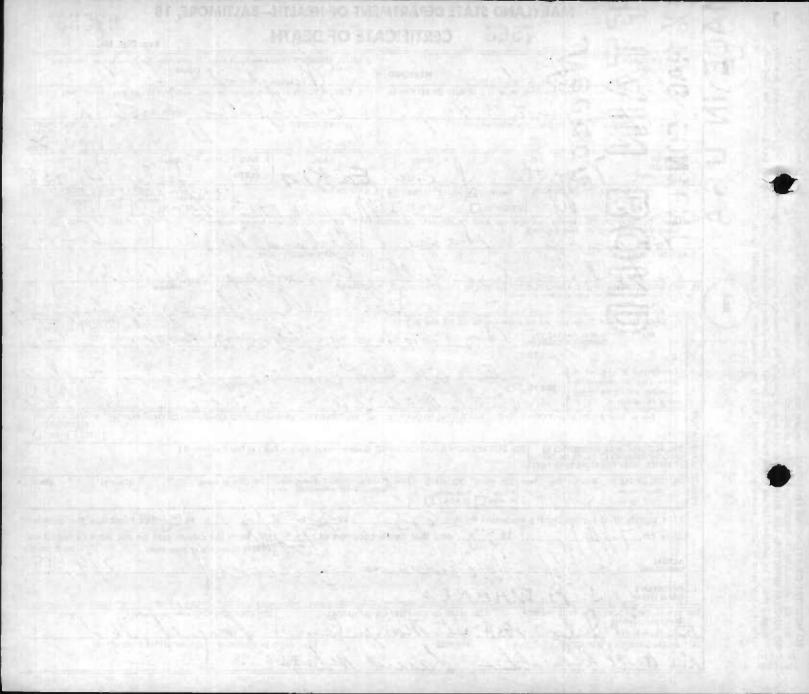
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07532 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY. filed b. COUNTY EUNDE MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest fown) shauld ERSUILLE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? SHORED URSING YES NO I 3. NAME OF DECEASED Middle 4. DATE Day Yeor OF (Type or print) 19.50 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years Jost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 1905 Days WIDOWED T DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 18. SOCIAL SECURITY NO. 17. INFORMANT Address 578-09-1102 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and fel-INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🖂 20g. ACCIDENT WAS UNDERTHING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY-MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED (Count (State) foctory, street, office bldg., etc.) Not while at work at work 21. I certify that Nottended the deceased from I last saw the deceased and that death occurred at ____ M, from the causes and on the date stated above. ADDRESS Street City or town ACTUAL PHYSICIAN'S NAME (Type 226. DATE THEM 220. BURIAL, CREMATIONL 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or couply) (Stote) REMOVAL (Specify) 23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246 BEGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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I HOSFITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Page		TO FUNERAL DIRECTOR: After this of cate has been signed by the attending physician and completely red in by the funeral direc	e fil	
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	7564	CERTIFICA	ATE OF DEATH		07536 Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY Anne Ar	undel	MARYLAND	2. USUAL RESIDENCE (Where deco	b. COUNTY	Residence before admiss	ion) ;
	outside carporate limits, write orest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If oulside of			1)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, give street Heath Road		d. STREET ADDRESS 505 Heath R	loaid		FARM?
3. NAME OF DECEASED (Type or print)	ARHTUR	Middle RAYMOND	GARDNER, SPE			Year 19 58
s. sex Male	6. COLOR OR RACE 7. MARR	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Oct. 27,1886		FUNDER 1 YEAR IF UNDE Months Doys Hours	R 24 HR Min.
Our USUAL OCCUPATION OF WORK Painte	ing life, even if retired)	nth./Newell	STRY 11. BIRTHPLACE (State or foreign		U.S.A.	COUNT
13. FATHER'S NAME John	Gardner		14. MOTHER'S MAIDEN NAME Martha Ba	ddle		
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES? 16. If yes, give wor or dotes of service)	0 00 0000	Mr. Arthur Gar	dner, Jr.	Glen Buf	nie
Conditions, if or gave rise to in cause (a), stating the lying cause last.	he under-	trinay	Mumpaes		OMSET AND	
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OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour o. m. p. m.	MEDICAL EXAMINER)	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. ctary, street, office bldg., etc.)		(County)	(Sta
21. I certify the alive on	at l attended the decease 19.5	B, and that death			that I last saw the d on the date state ore) Palis Rd 8	ed ab
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7565 CERTIFICATE OF DEATH

07537

Reg. Dist. No.... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Anne Arundo COUNTY COUNTY MARYLAND (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nagrest town) and give nearest town) (in this placa) OR TOWN TOWN HOSPITAL OR STREET (If rural giva location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (First) (Middla) (Last) (Dey) 4. DATE (Month) (Year) DECEASED OF 58 (Type or Print) 19 COLOR OR SINGLE, MARRIED 8. DATE OF BIRTH 6. 9. AGE last birthday IF UNDER 1 YEAR HE UNDER 24 HRS WIDOWED, DIVORCED RACE Months Days Hours (Specify) male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS BIRTHPLACE (State or foreign country) 11. 12. CITIZEN OF WHAT dona during most of working life, even if OR INDUSTRY COUNTRY 2 Retired Mac imore 13. FATHER'S NAME 16. SOCIAL SECURITY NO (Yes, no, or unk.) (If Yas, give war or detas of sarvice) 3-09-7505 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES T NO W 21a. ACCIDENT WAS UNDERLYING IT 21b. PLACE (Home, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata) OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while at work at work 22. I hereby certify that I attended the deceased from... .S..., that I last saw the deceased, and that death occurred alive on... .M, from the causes and on the date stated above. SIGNATURE (Street, city, town, stata) Ho , DATE SIGNED BURNAL, CREMATION, NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, town, or county) REMOVAL (SPECIFY) Moreland Mem. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Rea. Dist. No. PLACE OF DEATH

o.COUNTY
Anne Arundel 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND Marvl and b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 5 0 10 Grownsville Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Crownsville State Hospital 2226 Poplar Grove YES TO NO TX NAME OF Middle 4. DATE Month Year 10 58 (Type or print) Annie May Henderson Green 18 DEATH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5 SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS last birthday) Months Days Hours September 9.1980 WIDOWED P DIVORCED T Female Negm VES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eliza Green (Deceased) George Anderson (Deceased 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. None Hospital Records No 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cachexia IMMEDIATE CAUSE (a) DUE TO ACVD (known since admission) Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the under-Chronic Brain Syndrome and ACVD with senile deterioration lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? Past fractured hip joint YES NO IS 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d INIURY OCCURRED (County) (State) factory, street, affice bldg., etc.) 0. m Not while at work at work 19 58 that I last saw the deceased 21. I certify that I attended the deceased fram and that death occurred at 7:25A.M., from the causes and on the date stated above. alive on DATE SIGNED Crownsville State Hospital, Md. PHYSICIAN'S Hildegard/Reissmann, M. Cromsville State Hospital, Md. 7/18/58 NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREO! 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City Joyn, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGMATURE

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07539

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY Anne Arundel MARYLAND Md. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Glen Burnie Annapolis d. NAME OF HOSPITAL (If not in haspital, give street address) STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Monroe Circle Homewood Nursing Home YES NO NAME OF Middle 4. DATE First Last Month Yeor DECEASED 23, Susannah Hall July 1958 Margeret DEATH (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Hours WIDOWED | DIVORCED | .1886 10. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housekeeper Horne Pennyslvania ARIT sun 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Benjamin A. Hall Anna D. Shaefer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mr. Harry Guinn. same as 2 no none none 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove rise to immediate **DUE TO** cause (a), stoting the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED Doy, Year 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Hour a. m. While Not while of work of work 21. I certify that I attended the deceased from MARCH. 1956 to 2.3 199 X, that I last saw the deceased ___, and that deoth occurred at 250PM, from the couses and on the date stated above. alive on_a ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S Southgate Ave. Annapolis, Maryland Edward S. Beck NAME (Type) 22b. DATE THEREOF 22a. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. ŁOCATION (City, town, or county) (State) REMOVAL (Specify) Glen Burnie Buria July 26, 158 Glen Waven Memorial

24g. REC'D BY REGISTRAR

DATE JUL 2 8 '58

265 REGISTRAR'S SIGNATURE

With educh

ADDRESS

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FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 TEST MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07540

		F O O										Reg. I	Dist. No		
1.	PLACE OF DEATH g. COUNTY	Anne Ar	runde	el	MARYLA	-	o. STATE Ma				If institu		dence be	fore admi	ission)
	b. CITY OR TOWN III and give nearest town Off Pinchu				c. LENGTH OF STAY IN	1ь	c. CITY OR TO	OWN (IF		rporate limi	ls, write	RURAL or		eorest to	wn) 🗸
-	d. NAME OF HOSPIT	AL OR INSTITUTION			tal, give street address)		d. STREET ADI	_	Donal	Cl			0 / =	ON	ESIDENCE A FARM?
	Chesapea	ke Bay					11	N U.	Durk	iam 50	Lee	G .		YES L] NO [
3.	NAME OF DECEASED (Type or print)		First ENCE	NT	MONROE		HAMMOND	S	4. DATE OF DEATH	Found	Month.		24		19 58
5.	SEX Male	6. COLOR OR RAC		MARRIED	NEVER MARRIED	-	ATE OF BIRTH	8. :	1916	9. AGE (In last birth	day)	IF UNDE Months	R TYEAR Days	Hours	Min.
		ON (Give kind of wo		10b. KII	ND OF BUSINESS OR IN	DUSTRY		_				12. CI			COUNTRY
		man		Bel	Steel Co		We	est	Virgi	nia			U	.S.A	•
13	. FATHER'S NAME					1	4. MOTHER'S MA	AIDEN N	NAME						
L	Gu	rrance Ha	mmon	ds				Min	nie :	Louk					
70	Conditions, if o gove rise to immed (a), stating the cause last.	underlying DUE	(a) TO (b)	AS		to		3					INTE	RVAL BETWEET AND DE	EFN ATH
CERTIFICATION	20g. EXTERNAL CAL PRIMARY or COL CAUSE OF DEATH.	NTRIBUTING 🗆	20b. DE		HOW INJURY OCCURR		er noture of injur	y in Par	t I or Part I	I of item 18	.)			YES 🔼	но 🗌
MEDICAL O			Year 19 58		JURY OCCURRED 20e	PLACE	OF INJURY (Hor street, office bi	me, farn ldg., etc	20f. (Cit	ly or town)			ounly) Aru	ndel	(State)
	21. I certify the	resulted fram:	Note	J J	emains described suses []. Accide	abave ent X	, held an A , Suicide , Suicide , CHIEF MED ASSISTANT	DICAL EX	Y XX, I Homicide XAMINER C AL EXAMIN	DER 27	-	, Inquermined	′ –	DATE:	signed
27	NAME (Type)	Sydney S	. Ka		M.D.	Y OR CI		EDICAL	L22d LOCA	ATION (City	lowe	or county		7/2 (Stot	5/58
	Burial	July 2	26,]	1958	Wamsley C		tery		Va	lley	Bend	1	West	Vir	gini e
23	. FUNERAL DIRECTOR	S'S SIGNATURE			ADDRESS				D BY REGIS		b. REGI	STRAR'S S	IGNATU	RE	
	Dippel	Brothers :	1800	EI	ombard Stre	eet	0	DATE J	UL 28	'58	w	is ed	uch		

TO DEPUTY MEDICAL EXAMINER: This certificate shavid be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the transfer of pending in pending in lem, 18. Give Pages 1, 2, and 3 th formeral director. Page 4 should be farwarded to the Clickedical Examiner's Office along with farm PM3. Page 5 may a retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, priar to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MEDICAL EXAMINER: This

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VS. AISME 5M 2/57

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OR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If only deloy is necessory, please execute the certificate, writing the cord "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 file funeral director. Page 4 should be forwarded to the Cl. Medical Examiner's Office along with form PM3. Page 5 may retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of HEBAH, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. M

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VS. A15ME 5M 2/57

07541 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATEARY Land b. COUNTY						
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest fown) Bodkins Creek, Pasadena 3 hrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore						
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Che sape ake Bay	d. STREET ADDRESS 110 N. Durham St. 2. IS RESIDENCE ON A FARM? YES NO ((X)						
	3. NAME OF First Middle DECEASED (Type or print) Viola R. HammondS	Lost 4. DATE Month Day Year OF DEATH July 20 L958 19						
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED							
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY: Welley Bend, We Va. USA						
1	Patrick Schroeder Shrader	14. MOTHER'S MAÎDEN NAME ? Lena Lloyd						
	[Yes, no, or unknown] (If yes, give war or dates of service)	Howard Hammond (Son) 928 S Ponca Street						
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) PART II. DEATH WAS CAUSED BY: Accidental Drowni: Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	ng INTERVAL BETWEEN ONSET AND GEATH SUDDEN OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
1	Tumped out the bo	At in the Chesapeake Bay. The Company of Injury in Port I or Port II of Item 18.) The Chesapeake Bay. The Chesapeake Bay. The Company of Item 18.) The Chesapeake Bay. The County of Item 18.) The Chesapeake Bay. The Chesapeake Bay						
	270. BURIAL CREMATION, 122b. DATE THEREOF 122c. NAME OF CEMETERY OR REMOVAL (Specify) Burial July 27 1958 Wamsley Come 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	CREMATORY 22d. LOCATION (City, lown, or county) (State)						
	Dippel Brothers 1800 & Lombard Street							

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. PLACE OF DEATH o. COUNTY Anne	Arundel		MARYLA	UND	o. STAT	residence e arvl		re decease	d lived. If in b. COI				re admiss	
b. CITY OR TOWN (If RURAL ond give nee	autside corporate limits, prest town) RIVA	write c	. LENGTH OF STAY IN	115	c. CITY		N (If ou	hide corpo	prote limits, w	rite RL	JRAL and	give ned	rest tawr)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospitol, give Riva - Mar				d. STRE	ET ADDRE	E55	- 5						FARM?
3. NAME OF DECEASED (Type or print)	First Char	les	Middle John			los Harm		4. DATE OF DEATH	J	Mont		Do 3	у	Yeor 19 ⁵⁸
5. SEX Male	6. COLOR OR RACE 7	MARRIED			8. DATE OF July	BIRTH	188	30	9. AGE (In)	loy)	Months	R 1 YEAR Days		R 24 HRS. Min.
100. USUAL OCCUPATION during most of works	N (Give kind of work doing life, even if retired) Maker	ne 10b. Kit	ND OF BUSINESS OR	INDU		THPLACE :			country)		12. CI		S.A	COUNTRY
13. FATHER'S NAME					14. MOTH	ER'S MAI	DEN NA	ME						
	Carsten Ha	rms				Henr:	itta	a	(unkn	own)			
15. WAS DECEASED EVER	IN U. S. ARMED FORCE	57 16. 50	CIAL SECURITY NO.	17. 1	NFORMANT					Addr	955			
(Yes, no. or unknown)	If yes, give war or dates of servi	ice)		Ca	rsten	C. :	Hari	ns.	Riv	a,	Md			
AR	er significant conditions	TIONS COL	NTRIBUTING TO DEAT	н вит	NOT RELATE	D TO THE	TERMIN	AL DISEAS	SE CONDITION	y GIVI	EN IN PAI	RT 1(o) 1	9. WAS PERFC YES [RMED?
20c. TIME OF INJURY Hour o. m. p. m.	MEDICAL EXAMINER)		Not while	Oe. PL	ACE OF INJU	JRY IHome	, form,		rt II of item 10 y or town)	3.)		(County)		(State)
		193	B, and that of	ERY O	M.D. 4	250	o si	DDRESS (S	the causitreet, city or the least of the lea	es a lown,	nd on the			ATE SIGNE
	7-7-58		Mt. Carm	еТ					ltimor		201015	0.147		
3. FUNERAL DIRECTOR'S	ok. Inc. 1	217	St. Paul S	tre	et	240 DA1		BY REGIS	1KAR 24b.		TRAR'S S		KE	

Poges 1 and 2 should be filed with O FUNERAL DIRECTOR: After this control has been signed by the ottending physician and complete page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. The registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. fending physicion. may be retained by the hospital or TO FUNERAL DIRECTOR: After this VS A15 (4) 15M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page A

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execute the certificate, writing the Lord "pending" in pencil in Item, 18.

4 shauld be farwarded to the Completed Examiner's Office along with FINERAL DIRECTOR: Page 3 should be used as a burial-transit permit or its designated agent, priar to burial, crematian, or removal, and in TO DEPUTY MEDICAL EXAMINER: This

VS. A15ME 5M 2/57

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in 24 haurs after death. If any delay is necessary, please	il director. Page	I for your files.	t. File pages I and 2 with the State Board of Realth,	X
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24 hau	Give P	h form	File	ny ever
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7530

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07543 Reg. Dist. No.

1. PLACE OF DEATH OF COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
a Cle Ouncy MARYLAND	o. STATE MANY Cauch. COUNTY a.a. County
b. CITY OR TOWN (If outside corporate limbs, write RURAL LENGTH OF STAY IN 1b	CITY OR TOWN (If outside corporate limits, write, RURAL and give nearest town)
Y funcioles III de	Unapolis Monestand
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS / (e. IS RESIDENCE
207 Chester We East port	267 Chesello CEast port YES NOW
3. NAME OF DECEASED (Type or print) Cles about Han	Lost 4. DATE Month Doy Yeor DEATH 19 1858
5. SEX 6. OOFOR OR PACE 7. MARRIED NEVER MARRIED E	8. DATE OF BIRTH 9. AGE (In years IF UNDER 14 PAR IF UNDER 24 HRS.
. Female Col. WIDOWED DIVORCED	4-28-1906 58 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, eyen, if refired)	TRY 11/ BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HouseNife	Margland U.S.A.
13. FATHER'S NAME	14THOTHER'S MAIDEN NAME
John Harris	Mary Ensley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes. no. or unslown) (It yes. give war or dates of service)	NFO/MANT
110	della Dungoille 52 Show St.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Edema / How
1443X DUE TO //	(A) a d! a d = 1"
Conditions, if ony, which) (b) Hester lessare	Cardalpoula Michael Unine.
gove rise to immediate cause (o), stating the underlying DUE TO	
couse lost. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY PERFORMED?
	YES NO []
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (I CAUSE OF DEATH.	Enter nature of injury in Part I or Part II of item 18.)
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 120f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA foot p. m. 19 of work of work	tory, street, office bldg., etc.)
21. I certify that I taok charge of the remains described abo	ave, held an Autapsy , Inspection , Inquiry , and in my
opinian death resulted from: Natural causes Accident	
SIGNATURE BUILTY HOLD	M.D. CHIEF MEDICAL EXAMINER []
STORAGORE CONTRACTOR OF THE STORAGORE	ASSISTANT MEDICAL EXAMINER []
EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER
220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Slote)
Burtal 7-22-1958 Brewer	Hall anapoleo IIIX.
23. FUNERAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
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23. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07544

246 REGISTRAR'S SIGNATURE

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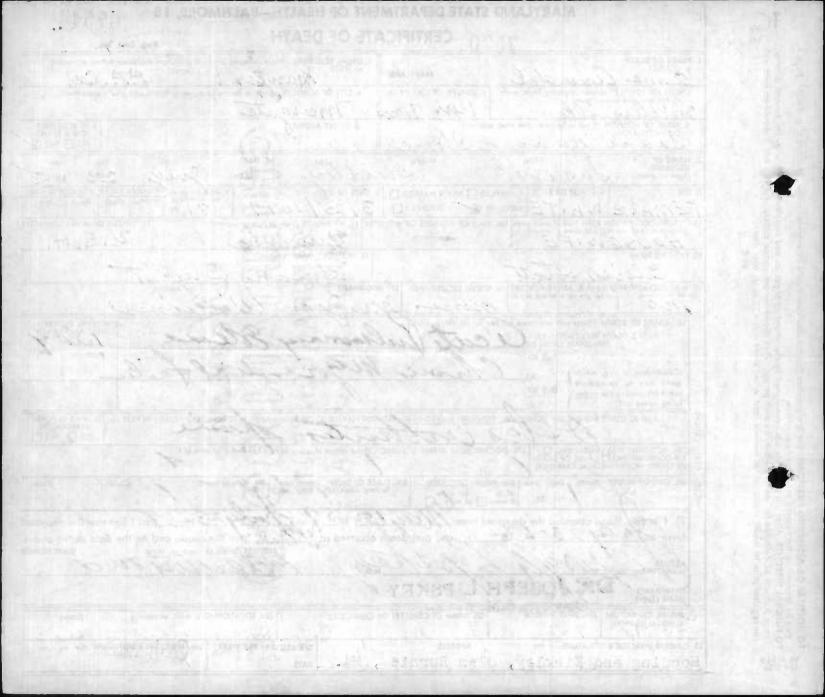
DATE

CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? nunc YES NO THE NAME OF First Middle 4. DATE Month Year Day DECEASED DEATH (Type or print) 19 4 5. SEX 6. COLOR OR RACE 9. AGMin years IF UNDER I YEAR IF UNDER 24 HRS.
lost birthday) Months Days Hours Min 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Doys DIVORCED | WIDOWED A yrs. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line or (o), (b), and INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO coese (o), stoting the underlying couse lost. PART II. OTHER SIGNUE ANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISCASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) Day, 20c. TIME OF INJURY Month, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) of work of wo that attended the deceased from . hat I last saw the deceased and that death occurred at M, from the causes and on the date stated above. DATE SIGNED ACTUAL PHYSICIAN'S BURIAL CREMATION. ZZC. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) EMOVAL (Specify)

ADDRESS

Glen Burnie

0 VS A15 (4) 15M 9/55



a. STATE
Maryl and

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

c. LENGTH OF STAY IN 16

MARYLAND

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1. PLACE OF DEATH
O ANNE Arundel

b. CITY OR TOWN (If outside carporate fimits, write

l director, filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be may be retained by the haspital or extending physician.

TO FUNERAL DIRECTOR: After this VS A15

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24 hours after deoth.

	Crownsvi	lie	7 da	ys			Rural	Goldsb	oro
	OR INSTITUTIO	PITAL (If not in hospital, g			d. STREET ADDRESS		None		e. IS RESIDE ON A FA YES N
	3. NAME OF DECEASED (Type or print)	James		Middle H	Henry	4. DATE OF DEATH	Man	th D	Yeo
	5. SEX	6. COLOR OR RACE	7. MARRIED NEVER	MARRIED 8	DATE OF BIRTH		9. AGE (In years lost birthday) 85 yrs.	IF UNDER 1 YEA	R IF UNDER
-	Male	Negro TION (Give kind of wark of	lane 10b. KIND OF BUSIN	VORCED		ote or foreign co		12. CITIZEN	
	Farm L	arking life, even if retired		None	Maryla	and?		U	.S. 3 .
	3. FATHER'S NAME	Unknown			14. MOTHER'S MAIDEN	nknown			
	S. WAS DECEASED E (Yes. no. or unknown) Unknown	VER IN U. S. ARMED FOR			FORMANT Ospital Reco	rds	Addr	ess	
	PART I. D	EATH [Enter only one ca EATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	Many a make a de-		onia				TERVAL BETW ISET AND DI
)	Conditions, if gave rise to couse (a), statin lying cause las	any, which (b) immediate DUE TO			NOT RELATED TO THE TER	MINAL DISEASE	E CONDITION GIV	EN IN PART 1(o)	19. WAS AU PERFORM YES T
	20g. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJ						165 []
	20c. TIME OF INJ Hour o. m	1.	While Not while of work of work	focto	CE OF INJURY (Home, fa ory, street, affice bldg., e	orm, 20f. (City etc.)	or town)	_(Caunty	
	21. I certify alive an 7/2	that I attended the		7/17/ I that death (, 1958, ta accurred at 2:30	ADDRESS (St	the causes a reet, city ar town, sate Hosp:	,that I last s nd on the do state)	aw the de ote stated DATE
	ACTUAL	7,1102201	us.	AA.	1 4 4 4 1100 - 11				
1	ACTUAL SIGNATURE	L. Bened	ict, 10, M.	D. M			ate Hosp	ital,Md.	
/	PHYSICIAN'S	ION, 22b. DATE THEREO		D. OF CEMETERY OR	Crownsv:	ille St	ate Hospi		(State)

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	1001 CERMINENTE OF DEATH	Reg. Dist. No.
Ti-	PLACE OF DEATH a. COUNTY A COUNTY MARYLAND 2. USUAL RESIDENCE (Where decess on STATE MANYLAND)	ded lived. If institution, Residence before admission)
	b. CITY OF TOWN (If outside corporate limits, write chength OF STAY IN 1b c. CITY OF JOWN (If outside carp RUPA) and sive nearest tower Mac	porote limits, write RURAL and give nearest town) Manyland.
	d. NAME OF HOSTITAL (If not in hospital, give street oddress) OR INSTRUCTION CL. CLEMENT HOSPITAL d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO D
3	S. NAME OF DECEASED (Type or print) Lawerence 4. DATE OF DEATH	47 1
5	Male 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED 8-20-1898	9. AGE (In years lost burthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
1	Ob. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign byring most of working life, even if retired)	country) 12. CITIZEN OF WHAT COUNTRY?
L	Thomas Holland Elizabeth	te Brewer
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (14 year, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (14 year, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (14 year, give wor or dotes of service)	Al Waterbury Md
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) (b) Cerahal Herror	should continue
	gove rise to immediate couse (a), stating the under-lying couse lost.	
1012101	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF DEATH BUT NOT RELATED TO THE TER	PERFORMED? YES NO
1.		
1000	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work at work 19 at work 19 Not work 1	ity or tawn) (County) (State)
	21. I certify that attended the deceased from 7, 19, to 19 olive on 19, 19, and that death occurred at 7, M, from M, f	om the causes and on the date stated above.
		(Street, city or town, state) DATE SIGNED
	PHYSICIAN'S A.T. ALLEN CONSPET	bs, md
	Burial 7-15-1958 John Wesley Churchen No	ation, (City, town, or county) (Stote)
2	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. RETURN PLANTER DATES DATES 1 4 150	hellet o dr. Al

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4 filled in by the funeral director, Pages 1 and 2 shauld be filled with may be retained by the hospital or extending physician.

TO FUNERAL DIRECTOR: After this ficate has been signed by the attending physician and camplete page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. VS A15 (4) 1SM 9/5S

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MARGIN RESERVED FOR

MARYLAND STATE DEPARTMENT HEALTH-BALTIMORE, 18

CERTIFICATE 7-30-58 e t OF DEATH

Reg. Dist. No.

07547

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY ANNE ARUNDEL MARYLAND	STATE PENINSYLVENIA COUNT	YORK
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and	
OR and give nearest town) RIVIEAR BEACH (in this place) 8 WERK	OR TOWN VORK 75 X	9 /
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR STREET ADDRESS WENDOUER	ADDRESS 115 WEST 6 +H AUE	
A MANAGE OF		
3. NAME OF DECEASED: (First) (Middle) (Type or Print) HOWARD FOWARD HO	(Last) OSKINS 4. DATE (Month) (Day) OF DEATH: JULY 17	(Year) 19 5 8
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED DIVORCED, MARRIED, MARRIED, MIDOWED DIVORCED, MARRIED, MARRIED, MIDOWED DIVORCED, MARRIED,	OF BIRTH: 1881 9. AGE last birthday: If UNDER I YES	
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OF	7 7 11 11 1 1 7 7	ITIZEN OF WHAT
work done during most of working life, even if retired): F, REMAN	Pennsylvani 1	OUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
UNKNOWN	UNKNOWN	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. (Yes, no, or unk.) (If Yes, give war or dates of	INFORMANT & ADDRESS:	OVER +
No service) 173-03-8414 (FORDON T SAVAGE CREEK	Ros
18. MEDICAL CERTIFICATI		Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	THE MIN DEACH , I'M	Onset And Death
260 X	in Milleley	2 years
Immediate cause (a)		
Antecedent causes (s)		
Diseases or conditions, if any, (b)		*****
stating the underlying cause last. DUE TO	e A	
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	inter landin Vancy for Bui	5 year
related to the disease or condition causing death. (19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	more caracy organizations	20. KUTOPSY ?
		Yes No.2
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (ST	(ATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	HOW DID INJURY OCCUR?	
OF INJURY While at Not While Work At Work		
22. I hereby certify that I attended the deceased from Mac	1955 to 1964/71958, that I last s	aw the deceased
alive on July 16, 1957, and that death occurred at	5:15 /2, from the causes and on the date s	
SIGNATURE (Degree or title)	ADDRESS DAT	re signed
al mader truth m. D	Muses Beach Md.	7/17/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or cou	nty) (State)
REMOVAL (Specify) JULY 20, 1958 PROSPECT	HILL CEM. YORK, PA	
DATE REC'D BY LOCAL THE TRABS SIGNATURE AREGISTRAR	24. FUNERAL DIRECTOR On. 11 915	ADDRESS A
JUL 1 9 1958 Hauten for Willesting My	forald M Sporter or	10
	LAN LAN	AL NA

BREEZERT TETER TOWNS WAY PB-EX-6814 CERPORT JANACE CARES WELL Right Street No. - 1 10 man day to past leavened their bear your in The set H St. St.

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X°=	7573 CERTIFICATE OF DEATH	07548
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by the ord 2 sho	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON E d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
ges 1 or	3. NAME OF DECEASED (Type or print) . Lames Garden Howard DEATH July 2	Day Year
completely papers. Pag	Male white WIDOWED DIVORCED Teb. 6, 1886 last birthdoy) yrs. Months	Days Hours Min.
and cample ban papers. er death	retired Theman Washington De.	TIZEN OF WHAT COUNTRY?
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ding phi sse remon 72 ho	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	asabore
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se retain se retain 3 shauk gistrar p	PHYSICIAN'S CHARLES JOHN DEMAS	<u></u>
Page Page the re	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) BURIAL (SPECIAL SPECIAL SPE	
VS A15 (4) 15M 10/57	Hysong Funeral Home, 1300 N St., N.W. Wash. D.C. DATE JUL 24 '58 24b. REGISTRAR'S SHOPE ADDRESS	MAIURE

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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Year White of work of	578 Conditions, if any,	1)	Lable le	mes bowell	hlmanh	1 denn
PERFORME?? YES NO 20a. ACCIDENT WAS UNDERLYING ALUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year While of work of the wo	couse (o), stoting the		m hista	in of attend	(mt)	1
County C	PART II. OTHER	SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PAR	PERFORMED?
Hour o. m. 19 White of work foctory, street, office bldg., etc.) 21. certify that attended the deceased fram	OR CONTRIBUTING (IF EITHER, NOTIFY ME	UNDERLYING 20b. DESCRIBE CAUSE OF DEATH EDICAL EXAMINER)	HOW INJURY OCCURRED	. (Enter noture of injury in Port I or Po	ort 11 of item 18.)	
alive an My G. 195 , and that death occurred of B. M. Fram the causes and an the dote stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE MANUEL CONTROL MANUEL CONTROL MANUEL CONTROL CONTRO	Hour o.m.	White	Not while foc		ly or town) (i	County) (State)
ACTUAL SIGNATURE MANUEL MANU		I attended the deceased for	_	1042 10 July		
PHYSICIAN'S MAURICIE F.KKAWANS Bungs in Strong	ACTUAL M	7 - W/1	and that death			DAJE SIGNED
20. BURTAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR, CREMATORY 22d. LOCATION (City, town, or county) (\$1010) REMOVAE (Specify) 3. FUNERAL GIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	PHYSICIAN'S MA	AUBICIE F.	KLAWAN	C Brin	-ARThis	Son A
co de la	20. BURTAL, CREMATION,	226. DATE THEREOF 22c	NAME OF CEMETERY OF	CREMATORY 22d LOCA	ATION (City, town, or county)	(Stote)
	3. FUNERAL DIRECTOR'S S	MONATURE 17	ADDRESS	10	- 0 /	GNATURE

VS A15 (4) 15M 9/55

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7574 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07550 Dist.

OF MEDICAL EXAMINER'S CERTIFICATE DEATH No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY A.A.CO MARYLAND	STATE Newfork COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits write RURAL and give nearest town)
OR and give nearest town) TOWN (in this place)	TOWN OZONE PARK
HOSPITAL OR () A	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS PINNE ARCHOEL. GeIVERAL.	ADDRESS 107-70-106 ST.
3. NAME OF (First) (Middie)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) W/c+oR R. LMI	VN & CC PUE DEATH 7 2 1958
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATI	OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS.
MALE RACE: WIDOWED, DIVORCED, Specify: M	10, 1925 32 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS Of work done during most of work life, INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
even if retired): UPHOLSTERER FURNITURE	NEW YORK U.S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
CAMILLO JANNACCONE	CAROLINE DEFELICE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:
annia)	LEO F. KEARNS FUNERAL HOME NEW YORK
	AL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
Milliple multiple	meuries Sulley
Immediate cause (a) DUE TO	
Antecedent cause(s)	
Diseases or conditions, if any, (b)	
stating underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
	Yes No
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory PRIMARY or CONTRIBUTING OF street, office bidg., etc.	
CAUSE OF DEATH. INJURY HIGHWAY	FAR.CO. PAR
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	Care Struck Tracke Trailer
INJURY // Z 58 /4 M. work at work	
	bed above, held an Autopsy , Inspection , Inquiry , and dent , Suicide , Homicide , Undetermined cause .
SIGNATURE A SIGNATURE	CHIEF MEDICAL EXAMINER DATE SIGNED
Chushadt	M. D. ASSISTANT MEDICAL EXAMINER 7-2-58
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	
REMOVAL (Specify): 7-3-58 U.S. NATIONAL	CEMETERY PINELAWN NEW YORK
DATE REC'D BY LOCAL -REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. JUL 7 '58 Cll. Leduch	Ulm Gook-Blight Inc 6009 Harford Rd

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. with directar 1. PLACE OF JEATH 2. USUAL RESIDENCE (Where deceased lived. If institution/ esidence before admission) a. COUNT filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 be c. ELTY OR TOWN (If outside corporate limits, write RURAL and give negrest town) M (URAL and give nearest town) should Do ADO d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION 22 puo NAME OF First Middle DATE DECEASED (Type ar print) DEATH ges 6. COLOR QR RACE 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS S. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months WIDOWED | DIVORCED | 2 yes. papers. executed campi 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) death. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician remove IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address dates of service) nding CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c). otte ╗ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420. **DUE TO** by any Conditions, if ony, which Ē gave rise to immediate DUE TO per caese (a), stating the underlying cause last. burial-transit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) cote OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ö notian, MEDICAL 20c. TIME OF INJURY Manth, 20e. PLACE OF INJURY (Home, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town) foctory, street, affice bldg., etc.) q. m. While Not while US at wark of work p. m. 1923, that I last sow the deceosed shauld be detached page 3 shauld be detach he registrar prior to buri and that death occurred at _____M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE HOSPITAL PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL CREMATION. 22d. LOCATION (City, tawn, or county)

ADDRESS

07551

e. IS RESIDENCE

ON A FARM?

YES NO

Day

Hours

INTERVAL BETWEEN

ONSET AND DEATH

176003

PERFORMED? YES NO

(State)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

24b. REGISTRAR'S SIGNATURE

24a, REC'D BY REGISTRAR

DAT

Year

193

Min.

0 VS A15 (4) 15M 9/S5 REMOVAL (Specify)

28. FUNERAL DIRECTOR'S SIGNATURE-

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
75	34	CERTIFICATE	OF	DEATH	

07552

1	\$ 30 2 CL	ATTICATE OF DEATH	Reg. Dist. No.	1000
1	a a a a a a a a a a a a a a a a a a a	MARYLAND O. STATE Marylan	ased lived If institutions residence before adm	mission) te
1	b-CITY OR TOWN (If outside corporate limits, write tength of URAL and give negrest town)	STAY IN 16 OF CITY OF TOWN (If outside co	rporate limits write RURAL and give nearest to	own)
,	d. NAME OF HOSPITAL (If not in hospital, give freet address) OR INSTITUTION	d. STREET ADDRESS 3.1	LAT OF ON	RESIDENCE N A FARM?
-	NAME OF DECEASED (Type or print) Marvey Lamor	tiddle to his lost of DEA	- 1	Year 19 58
		ORCED 6-24-1958	9. AGE (In years left UNDER 1 YEAR IF UN Mapths Days Hou	Min.
	0a. ÚSÚAL OCCUPATION (Give kind af wark dane during mast af working life, even if retired)	Marylan	n country) 12. CITIZEN OF WH	A .
	Bernard Colu	12. MOTHER'S MAIDEN NAME	letty Jurn	er
1	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT	Betty Sun	10512-31d	St.
	18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Browhil Pneum		BETWEEN NO DEATH
		store Infoh. (5 m	m)	
	gave rise to immediate cause (a), stating the under-lying cause lost. DUE TO (c)			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TERMINAL DISE	PER	AS AUTOPSY REORMED?
Н.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RY OCCURRED. (Enter nature of injury in Part I ar	Part II af item 18.)	
	G 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREI Haur a. m. While Not while of work ☐ at wark	20e. PLACE OF INJURY (Home, form, 20f. (factory, street, office bldg., etc.)	City or tawn) (County)	(State)
	21. I certify that I attended the deceased fram	7/28 , 1958, to 7/2	P, 1950, that I last saw th	
١	alive on 1931, and	that death occurred at 2 A: M, fr	am the causes and an the date sto (Spreet, city or town, state)	ated abave
	SIGNATURE Therene of Johnson	M.D. 32 6/46	vert Sheet	
	PHYSICIAN'S Dr THEODORE A. VO	physon ann	July for	
	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF SEMOVAL (Specify) 7-30-57 BAC	ewer Hall 220-10	CATION (City, town, or county).	S/ate)
1	MM Kaledett: 168 Wash. St.	auna 1 24a. REC'D BY	158 PREGISTRAR'S SIGNATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07553

7575 CERTIFIC	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE ACCUMENTS.
b. CITY OR TOWN (If outside corporate limits, write c. JENGTH OF STAY IN 1b RURAL and give nearest town).	3. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
d. MANNE OF HOSPITAL (Il not in hospital, give street oddress) OR 1561 IJUTION 1 4 34 37 Curya. Md.	Jet 4 By 31 anna M. Sesidence ON A FARM? YES NO NO
3. NAME OF DECKASED (Type or print) ON	NOW DEATH Month Day Year 1958
5. SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years in Hoby) When the state of the sta
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life even it refired)	Maryland U.S.A.
13. FATHER'S NAME (BSEMM JOHNSON	Henretta Calhoun
(Yes, no, of smill sque) (If yes, give wor or dotes of service)	Termit Johnson Bt. 4 Bot 37 anny
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Failure Interval Between ONSET and DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause lost. DUE TO (b) (b) (c) (c)	Pordes Vpoulle Deser grade III 14
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO BE THE STATE OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH OR CONTRIBUTION OF CONTRIBUTIO	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \[\] NO \[\]
	RED. (Enter noture of injury in Port t or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor	PLACE OF INJURY (Home, form, octory, street, office bldg., etc.) (County) (State)
21. I certify that I attended the deceased from 2/5 alive on 1955, and that deat	th occurred atM, from the causes and on the date stated above
ACTUAL Therebel H. Johnson M.	M.D. 37 Chief Shu
PHYSICIAN'S NAME (Type)	annepel, per
220. BURIAL, CREMATION, 22b. DATE THEREOF 220 NAME OF CEMETERY REMOVAL (Specify) 7-13-1968 DODGES	OR CREMATORY 22d (COCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE Mm. Ruesett, 108 Wash, St. Jamai	Mare Jul 1 4 '58 245. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 7535

07554

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	1	. USUAL RESIDENCE (Where decrased liv		before admission)
Mucour	tty MARYLAND	o. STATE Marylan	COUNTY (1, 9,	Count
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospital) give street OR INSTITUTION	address) theet	Bot 52 Nate	erbruy M	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Saft Nathan	iel Middle Cor	Lost 4. DATE OF DEATH	Month	Day Year 14 1858
male lot widows	ED DIVORCED	1-7-1910	lost birthdoy) Months Do	EAR IF UNDER 24 HRS. Dys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired) OKUMBULL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired) 13. FATHER'S NAME	oustruction	Y 11 CORTHPLACE (State or foreign count 14 MOTHER'S MAIDEN NAME 1	12. CITIZE	S A
Beorgelo	nes	J.	ances W	and.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes. no. by paknown) (II yes, give wor or dates of service)	20-09-2994 (lice Marie Jon	WBA5ZU	Voterburgh
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (a), (b), and (c).]	disc Friling		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. DUE TO DUE TO (c)	melical by	Seva Browled C	lettown	Donne
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1	PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRED.	Enter noture of injury in Part 1 ar Port II	of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. It Haur a. m. While at worl	Not while foctor	E OF INJURY (Hame, form, 20f. (City or y, street, affice bldg., etc.)	lawn) (Cou	inty) (State)
21. I certify that I attended the decease alive an		coursed atM, from the street ofM from the street ofM		at saw the deceased date stated abave. DATE SIGNED
PHYSICIAN'S Dr 7HEGOORENH	JOHNSON	amspel	Mel	
220. BURIAL, CREMATION, 22b. DATE THEREOF BUNGL 15-18-58	22c. NAME OF CEMETERY OR C	REMATORY 1220. TOCATHON	tchllvell	le Mole
123, FUNERAL DIRECTOR'S SIGNATURE 108 Was	sh. St. auna	240. REC'D BY REGISTRAN DATE JUL 1 7 '58	24b. REGISTRAR'S SIGN.	ATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 7576

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Day

e. IS RESIDENCE

Md.

sev.

ON A FARM?

YES NO

Yeor

19 58

yrs.

(Stole)

DATE SIGNED

(State)

PERFORMED? YES NO

Reg. Dist. No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

22d. LOCATION (City, town, or county)

Marulan

24b REGISTRAR'S SIGNATURE

Dundalk

24g REC'D BY REGISTRAR

DATE JUL 3 1 '58

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1. PLACE OF DEATH

o. COUNTY b. COUNTY Arundel MARYLAND Anne arvland inne Amindel b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hanover Hanover Vrs. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Ridge Road Ridge Road NAME OF First Middle Lost 4. DATE Month DECEASED HENRY KAWECKT (Type or print) DEATH July 9. AGE (In years last birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months 1899 White WIDOWED [DIVORCED T Jan. Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Duck-Worth Hatch. Baltimore, Md. U.S.A. Handyman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Kawecki Theresa Dragon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 218-14-6889 ves Mrs. Martha Utz. Hanover. INTERVAL BETWEEN ONSET AND DEATH SUCCES 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] Cerebro-Vascular Accident (left) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Cirrhosis of the liver Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Q. m. While Not while of work of work 58, to July 27, 19 58, that I last saw the deceased 21. I certify that I attended the deceased from May . 19 and that death accurred at 1:30 PM, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S Roderick Shipley NAME (Type) B.

22c. NAME OF CEMETERY OR CREMATORY

Burnie.

Heart

Of

Marv

Sacred

ADDRESS

Glen

22b. DATE THEREOF

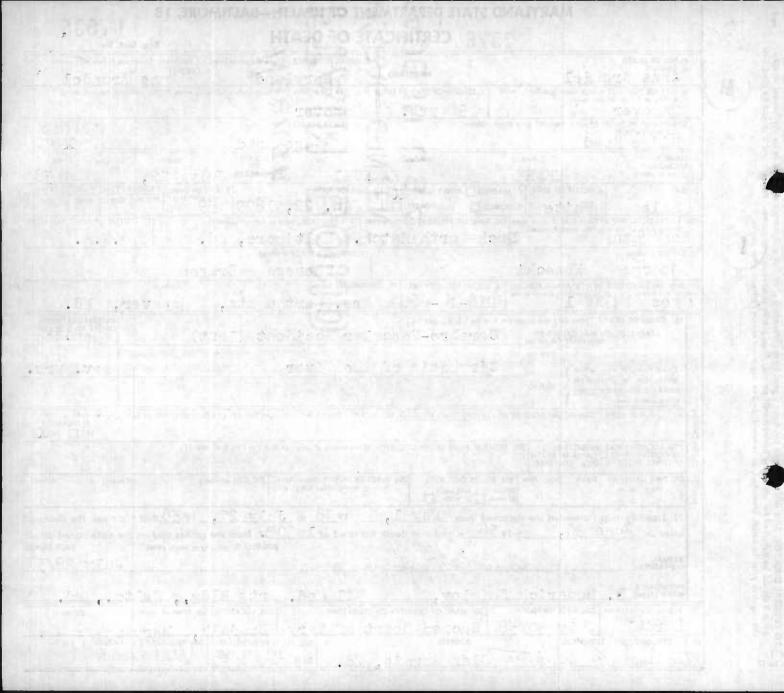
220. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL/DIRECTOR'S SIGNATURE

cuted comple deo puo physicion hours 0 offending | deoth d thot þ ony gned bec buriol-transit p physician. PHYSICIAN: The ending cate mation ö detoched FUNERAL DIRECTOR: age 3 should be detacl prior HOSPITAL page he 0

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7577 CERTIFICATE OF DEATH

07556

Reg. Dist. No.

	o. COUNTY Anne Art	ındel		MARY	LAND	o. STATE	vland	ere decease	d lived. If institut b. COUNTY		7	-	ion)
1	b. CITY OR TOWN (If RURAL ond give nec	outside corporate lim	ts, write	c. LENGTH OF STAY		c. CITY OR	TOWN (If o	utside corpo	prote limits, write)
-	Severn				S,	X Sev							
	d. NAME OF HOSPITA		7	12		d. STREET			. 5				FARM?
L	Camp	Meade	Ros	ad		Ca	mp	Mea	de Ro	ad		YES [_	NO K
1	3. NAME OF DECEASED	Fi	rst	Middle		Lo	ost	4. DATE OF	Мо	nth	Da	у ,	Yeor
	(Type or print)	ETHEL		ADELIA		KEL	LY	DEATH	0 0	ly ;	7,		19 58
1	S. SEX	6. COLOR OR RACE	7. MARI	NEVER MARRI	ED 🔲	B. DATE OF BIR		0	9. AGE (In years lost birthdoy)	Months			
	Female	White	WIDOW	ED DIVORCE	D	Sept.	5, 1	.890	67 yrs	Months	Days	Hours	Min.
1	10a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS C	OR INDU	STRY 11. BIRTHE	LACE (Stote	or foreign c	ountry)	12. CIT	ZEN O	F WHAT	COUNTRY
	Housewo		'	Own Hom	e	Was	hingt	on.	D.C.	H.	.S.	A.	
1	3. FATHER'S NAME					14. MOTHER							
	John S	Stewart				R	achea	7 (Clark				
	S. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. 1	NFORMANT	0,0110-			iress			
1	[Yes. no. or unknown] (I	f yes, give war ar dates of :	ervice)	none	M	r. Lew	is Ke	71v	Sam	e As	3	#2	
F		TH Enter only one co	ouse per li	ne for (o), (b), and (c).				ain sin J	0 041			ERVAL BE	TWEEN
1	PART I. DEAT	H WAS CAUSED BY:			•	rdio V	ascul	ar D	isease		ONS	O WY	DEATH S
1	1/22	IMMEDIATE CAUSE (c	-			at Out of	a boul		10000	-		-	
1	Conditions, if on	. /											
	gove rise to im	mediate						-		_	-		
	lying couse lost.												
		FR SIGNIFICANT CON		CONTRIBUTING TO DE	ATH RUT	NOT RELATED T	O THE TERMI	NAI DISEAS	F CONDITION GI	VENI INI DADI	1 1/01/1	O WAS	ALITOPSY
	OF TANK III O'III	ER SIGNIFICATOR COT		CONTRIBUTION TO DE	A 111 001	THO I KELLIED I	O THE TERMIN	MAC DISCAS	L CONDITION OF	ACIA IIA LVK	1(0)	PERFO	RMED?
	O ACCIDENT WAS	UNIDERIVING CI	20h DEC	CRIBE HOW INJURY O	CCUBBE	D (6-11	-6 l-i i= 0	Part I as Bas	4 II of item 18 \			1E2	NO 🗌
	PART II. OTH	CAUSE OF DEATH MEDICAL EXAMINER)	200. 063	CRIBE HOW INJURY O	CCURRE	D. (Chier nature	or injury in r	on i or ror	T II OF (IEM TS.)				
	20c. TIME OF INJURY Hour o. m.	Month, Doy, Ye		NJURY OCCURRED	20e. PL	ACE OF INJURY	(Home, form,	, 20f. (City	or town)	(0	County)		(Stole)
	p. m.	19	While of wor	k ot work			o ologi, cic.						
ı	21. I certify the	ot I attended the	deceas	ed from 1	948	. 19	_, toJ	uly	7. 19 5	Sthat 11	ost se	w the	decenses
ı	alive on	July 3	10	58 and that	death	occurred of	9:45	As son	n the couses	and on th	031 3C	to state	d chave
	dive on			, dad mo	deom	occorred of			treet, city or town		ie uu		ATE SIGNED
ı	ACTUAL	man S	Rel	Consilea							,	7/8	/58
1	SIGNATURE	7,00,				M.D						1101	20
1	PHYSICIAIVS NAME (Type) Ja	ames S. H	2177	ingslea		#10	8 Cen	tral	Ave.	Glen	Ru	rnie	b. Md
=	220. BURIAL, CREMATION			22c. NAME OF CEM	ETERY O		99_144		TION (City, town,		-2-4	(Stote	
	REMOVAL (Specify)	July 10	0/58		7 7 7		0377	_			2.0		
2	3. FUNERAL DIRECTOR'S	The second second	1/ 10	Cedar H		Cemet			ooklyn	RH'D		ary	land
1	DV 1191	1:00	Gle		7/	d.	101	BY REGIST	8	A edu	/		
	sectoral 1º	ANTAGUET.	TE	I DUTITE &	191	UL 0	DATE						

VS. A15ME 5M 2/57

o. COUNTY	rundel		MARY	LAND	o. STATEMARY La		sed lived. If institu b. COUNT		dence bel	ore adm	issian)
b. CITY OR TOW and give neares Brook.		le RURAL	7 weeks	IN 1b	Brooklyn	f outside cor	porote limits, write	RURAL or	nd give n	earest to	own)
	espital or institution attick Henry			1)	d. STREET ADDRESS Same	1				ON	RESIDENCE A FARM
NAME OF DECEASED (Type or print)	Mrs. Nelli	e King	Middle		Losi	4. DATE OF DEATH	July 19	th.	Day		Yeor 1958
5. SEX	W	WIDOWE	Marie C		8/12/84		9. AGE In years fost birthday) 737/L yrs.	IF UNDE Manths	R TYEAR Doys	Hours	DER 24 H Min.
	PATION (Give kind of work orking life, even if retired) Lired Hoursew		IND OF BUSINESS OR I	INDUSTI	Southampt 14. MOTHER'S MAIDEN	on, Eng			itis		COUNT
	Known					NKno	· ~~				
15. WAS DECEASE [Yes, no, or unknown] NO	D EVER IN U. S. ARMED FO	f service)	SOCIAL SECURITY NO.		s.Irene And	erson(Address niece)sam	ne ad	dres	S.	
PART I. 420. Conditions, gove rise to i	DEATH (Enter only one condition on the condition of the c	0)	Coronary O	cclu	sion				ONSI	Suc	iden
20g EXTERNA	OTHER SIGNIFICANT CON			_	OT RELATED TO THE TERM			EN IN PA			AUTOP ORMED?
20c. TIME OF		While		De. PLAC facto	E OF INJURY (Home, for try, street, affice bldg., eN	m. 20f. (Cit	y or town)	(Co	ounty)		(Sta
	y that I tack charge oth resulted from: Gustave H.	Natural of	Pareler			Homicide	ER 🗍	rmined	manne	er 🔲	nd in

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23. FUNERAL DIRECTOR'S SIGNATURE

Charles R. Law, 802 Madison Avenue

FUNERAL poge 0 0 VS A15 (4) 15M 10/57

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission b. COUNTY Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? Marley Neck Road YES NO Month Day Yeor 7-28-58 19 IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? Paltimore, Maryland Virginia Ridgely Address Plaza Manor Nursing Home Records INTERVAL BETWEEN II months PERFORMED? YES NO THE (County) (Stote) that I last saw the deceased M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) Carrollton Ave. Balto. 23 22d. LOCATION (City, town, or county) (Stote) Mt. AUBURN CEMETERS MARYLAND 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE JUL 3 0 '58

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		Minister I. Laddre		

SUPPLEMENTAL TRANSPORTED TO A STATE OF THE STATE OF

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

OR STATE HEALTH DEPT.

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Pages n PM3.

certificate, w forwarded to DIRECTOR:

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VS. AISME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07560

Rea. Dist. No

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY b. COUNTY Same o. STATE me Anne Arundel MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give regrest town! Arnold 2 weeks Arnold e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) AL STREET ADDRESS Same YES NO K Old Anhapolis Rd. NAME OF 4. DATE Middle Lost Month Yeor DECEASED DEATH (Type or print) July 10 1958 19 Archibald Lourie 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE Ile veers IF UNDER TYPAR IF UNDER 24 HRS Months Days Hours Min. WIDOWED | DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Salesman of hydraulic equipments. West New York, New Jersey, USA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christina Urguhart Lourie Lawrence 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT Address (Yes, no. or unknown) (If yes, give war or dates at service) Mrs. Susan Lourie (wife) No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET, AND REATH PART I. DEATH WAS CAUSED BY: Self inflicted wound to the head Sudden IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate couse DUE TO (o), slating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMEDT NO P 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) PRIMARY DE CONTRIBUTING Shot hinself through the mouth with a 12 gauge rifle. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) Month, Doy, Year 20c. TIME OF INJURY (County) (State) factory, street, office bldg., etc.) Not while of work of ol work to In the orchard Md. Arnold 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection XI, Inquiry XI. ond in my opinion deoth resulted from: Notural couses , Accident , Suicide , Hamicide , Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER Gustave H. Faubert, M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. JOGATION (City, town, or county) 23. FUNERAL DIRECTOR'S SIGNATUR 240, REC'D BY REGISTRAR 7346 MEGISTRAR'S SIGNATURE

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FOR STATE HEALTH DEPT.

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	500	204	5	11.5	
0	ex	4	F	or its designated agent, prior to borial, cremation, or remayal, and in any event within 72 hours after death.	
1			A TO FUNERAL DIRECTOR: Page 3 strand be used as a burial-transit permit. File pages 1 and 2 with the State Board of His		
15.	A	15	ME		
51	W 2	2/5	7		

MA	RYLAND ST	ATE DEPARTMEN	NT OF HEALTH-	BALTIMORE,	18	075
75.82	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	Reg. Dist. N	

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TO NOT THE RESERVE TO THE PARTY OF THE PARTY	Neg. of	31. 170.
I. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Resider o. STAJE b. COUNTY	nce before admission)
Anne Arundel MARYLAND	Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporale limits, write RURAL and	give neorest town)
Pasadena 1 hour	Baltimore	01-4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Stoney Creek, Off Green Haven County H	Beer, 1819 Belt Street,	YES NO
3. NAME OF First Middle (Type or print) Coral Eldred Magers	4. DATE Month OF DEATH July 17th.	Doy Yeor 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER)	The state of the s
M. WIDOWED DIVORCED K	9/8/21 36 yrs. Months [Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
Sheet Metal Worker K & L Air Cond.	Maryland. US	Α.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles E. Magers	Edna May Porter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address	
	arence E. Magers, 2307 Lincoln Av	e. Baltimore
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Drawn	ning	Sudden
927.8 DUE TO		
Conditions, if ony, which) (b)		
gave rise to immediate couse (a), stating the underlying DUE TO		
couse fast. (c)		
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS 200. EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING CONTRIBUTIONS 200. DESCRIBE HOW INJURY OCCURRED. (External CAUSE OF DEATH.)		YES NO X
206. DESCRIBE HOW INJURY OCCURRED. (EA	nter nature of injury in Part I or Part II of item 18.)	
	n 12 feet of water and could not	swim.
中学 1 1 1 1 1 1 1 1 1	CE OF INJURY (Home, form, 120f. (City or town) (Courtory, street, office bldg., etc.)	nty) (State)
Hour o. m. 7/17/58 19 While Not while of work of work Sto	onev Creek. Green Haven. A.	A. Md.
21. I certify that I taok charge of the remains described above		
opinion death resulted from: Natural causes . Accident		BANK!
SIGNATURE Sustave HRankory		DATE SIGNED
SIGNATURE TO THE SIGNATURE		
EXAMINER'S Conditions II Freshort M.D.	ASSISTANT MEDICAL EXAMINER []	
NAME (Type) Gustave H. Faubert, M.D.	DEPUTY MEDICAL EXAMINER 2 7/17/58	
270. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR BURIAL (Specify) 7-21-58 B 1 timore Na		(Slote)
Darvimore na		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGI	/
William Cook, Inc., 1217 St. Paul Stree	t DATE JUL 21 '58 Cllifted	ilh

MEDICAL EXAMINER'S CELTIFICATE OF DEATH and the property of the state o

VS A15 (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7583 CERTIFICATE OF DEATH

07562

		6 6						Reg. Dist	. No.	
1. PLACE OF DEATH					USUAL RESIDENCE o. STATE	(Where decease	ed lived. If institution b. COUNTY	on: Residence	e before od	Imission)
Anne Arunde	1		MARY	LAND	Marylan	1		ce Geo	rge	
b. CITY OR TOWN (I RURAL and give no	f outside corporate limi earest town)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside corpo	prote limits, write RI	URAL ond gi	ve nearest	town)
Crownsville			7 m 4 d	CIA	Uper Ma	arlbero			16 X	2
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRES	,			0	RESIDENCE
Crownsvill	e State Ho	spit	al		Rt. 2 Box	<u>c 6</u>			YES	S NO
3. NAME OF DECEASED (Type or print)	Fir Erry		Middle		Matthews	4. DATE OF DEATH	Mon	th	Day 6	Yeor 19 58
s. SEX	6. COLOR OR RACE		RIED T NEVER MARRIE	D [B. C	ATE OF BIRTH		9. AGE (In years	IF UNDER 1		INDER 24 HRS.
Male	Negro	WIDOW			oruary 2,	1906	lost birthdoy) 52 yrs.	Months [Doys Ho	ours Min.
00. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (S	tote or foreign	country)	12. CITI2	ZEN OF W	HAT COUNTR
Mechanic	king life, even if retired)		•	Marylan				U.S.A	١.
3. FATHER'S NAME	N. Committee			1	4. MOTHER'S MAIDE	EN NAME				
Clarence	Matthews				Henriet	ta				
S. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO.	17. INFO			Addr	·ess		
(Yes, no. or unknown)	(If yes, give war or dates of s	ervice)	A Contract	H	ospital R	ecords				1/19/1
18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).]							L BETWEEN
PART I. DEA	TH WAS CAUSED BY:	. (H	emangioblas	toma	of Carehe	111m 1	ft. side	1	ONIG	ND DEATH
193.0	IMMEDIATE CAUSE (d		01110215 200200		OI GOLODO	ALL CANT ALC	TO DIAC		114	FILL
		7	Brain Tumor	p .					1 4	
Conditions, if o		1 -	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~							
couse (o), stoting)								
lying couse lost.) (0	:)						-		
PART II. OTH	IER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEA	ATH BUT NO	T RELATED TO THE TI	ERMINAL DISEAS	SE CONDITION GIV	EN IN PART	PE	AS AUTOPSY ERFORMED?
20g. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED. (E	nter noture of injury	in Port 1 or Po	rt 11 of item 18.)			<u></u>
	MEDICAL EXAMINER)									
20c. TIME OF INJUR	Y Month, Doy, Ye	While		20e. PLACE foctory	OF INJURY IHome, street, office bldg.	form, 20f. (Cit	y or town)	(Co	ounty)	(Stote)
p. m.	19	of wor		_						
21. I certify th	ot I attended the	deceas	sed from 12/2/		, 19 57, to	1/6/	19 58	.that I lo	ast sow t	the deceose
olive on 7/	6/58	. 19		death or	curred at 4:3	O Am fro	m the couses o			
1/ 0	0 11	1	The state of the s	deoiii oc	corred di	ADDRESS (S	Street, city or town,	stote)	e doie s	DATE SIGNE
ACTUAL SIGNATURE	elare re	1/1/4	Keimu	L-MO	_Crownsvi		te Hospit		•	DATE SIGNE
PHYSICIAN'S H	ildegard Re	eis sm	nann, M. D.	133.7	Crownsvi	lle Sta	te Hospit	al, Md.		
20. BURIAL, CREMATIO			22c. NAME OF CEME	TERY OR C	REMATORY	22d. LOCA	TION (City, town, o	or county)		(Stoje)
Burial Specify	17-12	- 5	mor	rec		ans	re aru	end	ali	90
Pulling	S SIGNATURE	NI	ADDRESS 1339 W	unt X	2/1 E DATE	REC'D BY RECIS	PAR 245 REGIS	THARSISIG	MATURE	wh z
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DATE SIGNED

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY files. Health, o. STATE necessary, ple I director. P for your file b. CITY OR TOWN III obtside corporate limb. c. LENGTH OF STAY IN 16 c, CITI OR TOWN (If autside corporate/limits, write RURAL and give nearest town) functal directs. give nearest lown) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 3. NAME OF DECEASED Middle DATE OF DEATH (Type or print) offer COCOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 5. SEX with co WIDOWED DIVORCED [50 Give Pages 1, 2, and the form PM3. Page 5 th form PM3. Page 5. File pages 1 and 2. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY foreign country) pages 3. FATHER'S NAM MOTHER'S MAIDEN NAME 14. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. NFORMAN pencil in Item 18. C CAUSE OF DEATH [Enter only one couse per line/for (a), (b), and (c).] rd "pending" in percentage dedical Examiner's Office alon edical Examiner's Office alon edical edica DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 816X DUF TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATI 0 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature 20g. EXTERNAL-CAUSE WAS burial, PRIMARY DE CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF IN 유 factory, street, Hour orm to the 7/20 19 5 at work at wark 21. I certify that I took charge of the remains described above, held execute the certificate. wr 4 shauld be forworded to 10 FUNERAL DIRECTOR: p or its designated agent. opinion death resulted from: Notural couses ACTUAL SIGNATURE EXAMINER'S DEPUTY NAME (Type) 220. PORIAL CREMAJIONY 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATO

ADDRESS

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VS. AISME 5M 2/57

FUNERAL DIRECTOR'S SIGNATURE

07564

e. IS RESIDENCE ON A FARM? YES | NO Z

Year

IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

1958

Reg. Dist. No.

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Address A	1
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	INTERVAL BETWEEN
Geere	3-2025
CIDENT	MANE
ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(6) 19. WAS AUTOPSY PERFORMED?
	YES NO
e of injury in Port I or Port II of item 18.)	
HER AUTOMOBILE	
URY (Home, form, 20f. (City or town) (Coun office bldg., etc.)	ly) (Slate)
18- BOISH GRISTOL ANNI	Filler sel MID
on Autopsy . Inspection , thquiry	, and in my
picide [], Homicide [], Undetermined m	onner 🔲
	DATE SIGNED
HIEF MEDICAL EXAMINER	
SISTANT MEDICAL EXAMINER	7/72/58
PUTY MEDICAL EXAMINER	12-1-0
RY 22d. LOCATION (City town, or county)	(Slote)
or phanged	e, ma
246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	Y
DATE JUL 23 '58 Kill Alede	201
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b. COUNTY

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را اله عن	L	7586 CERTIFICA	ATE OF DEATH	Reg. Dist. No. 07565
I director, filed with	1.	PLACE OF DEATH G. COUNTY ANNE Aroule MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution. STATE b. COUNTY	
funera uld be	1	b. CITY OR TOWN (If autside corporate limits, write RURAL and give rearest town)	c. CITY OR TOWN (If outside corporate limits write	RURAL and give nearest town)
d by d by		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e, IS RESIDENCE ON A FARM?, YES NO
d in 24 ha		NAME OF DECEASED (Type or print) VIVI INIZ Dave Middle Mc	Merson 4. DATE OF DEATH 7-3	-58.19
pletely ers. Pog		WIDOWED DIVORCED	8. DATE OF BIRTH July 7 /875 9. AGE (In years lost birthday) yrs	
and cam ban pape er deoth.		a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if reticed)	Dauste Co.	12. CITIZEN OF WHAT COUNTRYS
physicion of the pours of terms of term		John, R. White	14. MOTHER'S MAIDEN NAME Deal	p •
anding phy ease remo hin 72 ho	15	15. no. or unknown] [West, gues wor or dates of service]	nformant Jag	lless
o to a		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) HC2 VT F3	Lure	INTERVAL BETWEEN ONSET AND DEATH
ures that the graded by the permit. The in any even		Conditions, if ony, which gove rise to immediate (b) Generali	zed Arteriosc	Lerosis-
tian. en signed insit permi	Z	lying couse fost. DUE TO Course fost. DUE TO Course fost. Column To Pure Y 2 L	nzed Arthri	tw-
g physic g physic has be uriol-tro	FICATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OPT 1	Atrophy.	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CIAN:	AL CERTI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I of fart II of item 18.)	
ital or or use o	MEDIC		ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	(County) (State)
he hasp he hasp R: After ached f burial,		21. I certify that I attended the deceased from 1955, and that death	accurred at 150M, tram the causes	that I last saw the deceased and an the date stated abave.
ned by t IRECTO I be det orior to		ACTUAL SIGNATURE SOLD SOLD SOLD SOLD SOLD SOLD SOLD SOLD	ADDRESS (Street, city or town,	STOTE SIGNED
pertal of retain 3 should gistrar pr	22	PHYSICIAN'S Robert R. HA	HN. m	27-3-50
may b TO FUN poge		BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OF SEMONAL (Specify) 22b. DATE THEREOF 22c, NAME OF CEMETERY OF SEMONAL SEM	4 CREMATORY 22d. LOCATION (City, lown, Harfalk)	Virginia
VS A15 (4) 15M 10/57	A	Christer Walters 254 Carrall Still	DATE JUL 7 '58 20 REGISTRAR 20 DATE	strar's signature

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		AND A TALL IN COME

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN UF subside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Year Month Doy 10 IF UNDER I YEAR IF UNDER 24 HRS Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO A (County) (Stote) _...that I lost saw the deceased III M, from the causes and an the date stated above ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City, town, or county) (State) 24b. REGISTRAR'S SIGNATURE

15M 10/57

He will be a second of the sec	Carry in the second at the sec

FOR STATE HEALTH DEPT M TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to be funeral director. Page 4 should be forwarded to the Character Examiner's Office along with form PM3. Page 5 may estained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, ar removal, and two event within 72 hours after death.

VS A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7588

Reg. Dist. No. 07567

for this said	RURAL and give nearest town)
Arnold d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Lake Placid (contributary of Magothy River. Box 53 Route 2 3. NAME OF First Middle Lost 4. DATE Month OF DECEASED (Type or print) Jesse J. Morgan 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years last birthday) 4. Date of Birth 4. Date Month OF DEATH July 4tl 4. Date Morgan 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Body and fender man. Auto Charlotte, N.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Prew Morgan (If yes, give war or dates of tervice) 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of tervice) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: File advance or the print of the property of the print of the part of the print of the part of the print of the part of the	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Lake Placid (contributary of Magothy River. Box 53 Route 2 3. NAME OF DECEASED (1998 of print) Jesse J. Morgan 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lab brindey) 4. MUDOWED DIVORCED 8/14/08 1. BIRTHPLACE (State or foreign country) 4. DEATH 1. DEATH 1. DEATH 1. MOTHER'S MAIDEN NAME 1. MOTH	
3. NAME OF DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Virtual Cause Of Death (Enter only one couse per line for (a), (b), and (c).) 13. Cause Of Death (Enter only one couse per line for (a), (b), and (c).) 14. Date Of Death (Inter only one couse per line for (a), (b), and (c).) 15. Cause Of Death (Enter only one couse per line for (a), (b), and (c).)	e. IS RESIDENCE
DECEASED (Type or print)	YES NO
5. SEX 6. COLOR OR RACE WIDOWED DIVORCED B. DATE OF BIRTH 9. AGE (in years lead birthday) 49 yrs. 10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) Body and fender man. 13. FATHER'S NAME Drew Morgan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT No 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: 19. AGE (in years lead by never marked) 8. DATE OF BIRTH 9. AGE (in years lead by never lead to provide line) 10. WIDOWED 10. BIRTHPLACE (State or foreign country) Charlotte, N. C. 14. MOTHER'S MAIDEN NAME 2 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (be social SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) NO 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	, 11 Late 18 ~
M WIDOWED DIVORCED 8/14/08 49 yrs. 10a. USUAL OCCUPATION (Give kind of wark dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Body and fender man. 13. FATHER'S NAME Drew Morgan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT Address (19. m. o., or unknown) If yes, give war or dates of tervice) No 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: The admosphine in the property of th	IF UNDER TYEAR IF UNDER 24 HRS
during most of working life, even if relired) Body and fender man. 13. FATHER'S NAME Drew Morgan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) No If yes, give wor or deles of service) 217-14-0274 Mrs. Mary E. Morgan (wife) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Elecatrocount i one	Months Days Hours Min.
Body and fender man. 13. FATHER'S NAME Drew Morgan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) No 16. SOCIAL SECURITY NO. (17. INFORMANT Address (Yes, no. or unknown) No 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: 19. Charlotte, N.C. 14. MOTHER'S MAIDEN NAME 2 16. SOCIAL SECURITY NO. (17. INFORMANT Mrs. Mary E. Morgan (Wife)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Drow Morgan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: 14. MOTHER'S MAIDEN NAME ? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Mary E. Morgan (wife)	USA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO.] 17. INFORMANT NO 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: 19. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Mary E. Morgan (wife)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO.] 17. INFORMANT NO 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: 19. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Mary E. Morgan (wife)	
No 217-14-0274 Mrs. Mary E. Morgan (wife) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:	
PART I, DEATH WAS CAUSED BY:	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Electrocution	INTERVAL BETWEEN ONSET AND DEATH
	Sudden
9148 DUE TO	
Conditions, if any, which) (b)	
gave rise to immediate cause (a), stating the underlying DUE TO	
couse last. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE 200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) Was drilling a hole in his boat with an elect:	YES NO A
200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) Was drilling a hole in his host with an elect:	
	ric drill.
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) While Not while of work at work Lake Placid Arnold	(County) (State)
2 8 6 p. m. 7/4/58 19 While Not while Lake Placid Arnold	A.A. Md.
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection 44,	Inquiry 4, and in my
opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undeter	mined manner
1 5 1100 1 2	
SIGNATURE SUSFACE I FACILET M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
ASSISTANT MEDICAL EXAMINER	
EXAMINER'S GustaveH. Faubert, M.D. DEPUTY MEDICAL EXAMINER 2 7/4/	58
226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or REMOVAL (Specify)	r county) (State)
Remeyal July 6, 1958 Antoch Baptist Cemetery Union County	N.C.
ADDRESS 240. REC'D BY REGISTRAR 240. REG'S NIII 7 '58	TRAR'S SIGNATURE
HOPPING FUNERAL HOLE APPENDIS, Md.	

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	E November (Konstruction)			
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7589 a7568 CERTIFICATE OF DEATH Rea. Dist. No. with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE filed b. CQUNTY MARYLAND Vicomico in b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) pe c. CITY OR TOWN Th outside corporate limits, write RURAL and give negrest town) uanh'co ploods d. NAME OF HOSPITAL (If not in hospital) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 0 Rt. Box 21 YES NO NAME OF Midele 4. DATE DECEASED OF DEATH (Type or print) 16. COLOR, OR RACE 5. SEX 7. MARRIED MI NEVER MARRIED DATE OF BHOTH AGE (In yeg/s IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours WIDOWED! DIVORCED 10a. USUAL OCCUPATION (Give kind_of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT during most of working life, even if retired) Ld. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Newton Lula ienk now move 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (If yes, give war or dates of service) Hospital Records No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) 0. m While Not while of work of work 21. I certify that I attended the deceased from .. that I last saw the deceased and that death accurred at 12-50M, from the causes and on the date stated above. alive an ADDRESS (Street, city of fown, stote) DATE SIGNED ACTUAL SIGNATUR Weber PHYSICIAN'S Crownsville State Hospital NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE DATEJUL VS A15 (4) 15M 10/57

	A THE STATE OF DEATH AND THE STATE OF THE ST	
Sal Na		Local Fair
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ofter death. certificote PHYSICIAN: HOSPITAL

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FOR STATE HEALTH DEP

delay is necessory, please funeral director. Page Mained far your files. State death. certificate shauld be executed within 24 hours after death. If a rd "nendina" in pencil in Item 18. Give Pages 1, 2, and 3 to may event within 72 hours 50 Give Pages 1, 2, and 1th form PM3. Page 5 d"pending" in pencil in Item, 18. Cedicol Examiner's Office along with as a burial-transit permit. pup removol. 0 cremation, used Ö TO DEPUTY MEDICAL EXAMINER: This execute the certificate, writing the 4 shauld be farwarded to the Ch TO FUNERAL DIRECTOR: Page 3 sh its designated agent, prior to 70

couse last.

MEDICAL

Item 20 Film 23MARYLAND STATE DEPARTM	AENT OF HEALTH—BALTIMORE, 18 'S CERTIFICATE OF DEATH Reg. Dist. N. 7570
1. PLACE OF DEATH O. COUNTY HUNE HOUNDEL MARYLANI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY
b. CITY OR TOWN (II outside corporate limits, write RURAL ond give nearest town)	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) PNNE ARUNDE! GEN	d. STREET ADDRESS 2736 LAURETTA AUE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Lost 4. DATE Month Day Year OF DEATH 7 - 19 - 19
5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED MA CE COLOR OF RACE MIDOWED DIVORCED	8. DATE OF BIRTH 2 20 0 2 September 1 September 2 Sep
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if refired) HAUFEEUR PADER MASUF	D
DANIEL NORBIS	14. MOTHER'S MAIDEN NAME SUSSET TURBIN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [Yes, no. as unknown] [It yes, give wer or doles of service]	Plader novin 2736 Courette and
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the underlying DUE TO	

CERTIFICATION 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) Boat capsized Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20f. (City or town)

factory, street, office bldg., etc.) Not white at work of wark Chesareake p. m. Anne

21. I certify that I took charge of the remains described above, held an Autopsy and in my Inspection Inquiry Hamicide | opinion deoth resulted from: Natural causes Suicide Undetermined manner

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY

DATE SIGNED ACTUAL

CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S**

DEPUTY MEDICAL EXAMINER NAME (Type) 220. SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, (State)

ADDRESS FUNERAL DIRECTOR'S SIGNATURE

240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

PERFORMED? YES 🗌

(County)

NO X

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07571

7504 CERTIFICATE OF DEATH

Reg. Dist. No.

4.4	SA SE SE			Mag. Dion tito
1. PLACE OF DEATH o. COUNTY A A	MARYLAND	2. USUAL RESIDENCE (Whe a. STATE	re deceased lived. If institution b. COUNTY	on: Residence befare admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Class Burnse	c. LENGTH OF STAY IN 16	1 0 1	tside carporate limits, write R	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION No Made Loso		d. STREET ADDRESS	edow DR.	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF First DECEASED (Type or print) Helen	Middle Ruey	PORSTHANN	4. DATE Man OF DEATH	th Day Year 26 1958
5. SEX 6. COLOR OR RACE 7. MAI		8. DATE OF BIRTH MAY 29-19	9. AGE (In years last birthday) 7 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark done 10b during most of warking life, even if retired)	o. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State o	r foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Englanth		14. MOTHER'S MAIDEN NA	NAPP	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 [Yes, no. or unknown] (If yes, give wer or dates of service)	S. SOCIAL SECURITY NO. 17. IN	FAM.ly	Addi	ess
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	line for (a), (b), and (c).] Corinary	iting du	eusion)	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate case (a), stating the under-	hypertens	noi card	in - race	dreesi
Iying couse last. (c)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Po	ort I ar Part II af item 18.)	
A Haur o.m. While		ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	20f. (City or tawn)	(Caunty) (State)
21. I certify that I attended the deced alive on	A-M			that I last saw the deceased and on the date stated above. DATE SIGNED
	STER		Balto.	25 mol.
22a. BURIAL, CREMATION, REMOVAL (Specify) 17-29-58	22c. NAME OF CEMETERY OF	R CREMATORY :	22d. LOCATION (City, town, of	or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE MC Cully to newl Hones	ADDRESS 130 E. Ford	1 4ve DAJEL 2	9 '58 RULL	STRAR'S SIGNATURE

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A CONTRACTOR OF THE PARTY OF TH		
erikan yazi Tanzan eri		
	Alteria de la vige da La Carlo de la companya La Carlo de la companya	
	Autorities (Marchine)	
	Alterior Silver Motors (Control of the Control of t	

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07572

		7502	CERTIFICA	AIL OI DEA			Reg. D	ist. No		
1. PLACE OF DEATH a. COUNTY Anne Arun	del		MARYLAND	2. USUAL RESIDENCE o. STATE Maryland	(Where decease	b. COUNTY	on: Reside	- 0		1)
RURAL ond give no		ts, write c. LE	NGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	orate limits, write R	URAL and	give ne	arest town)	
d. NAME OF HOSPIT	Le 'AL (If not in hospitot, g	ive street oddres	y 4 m 19d	Javisville d. STREET ADDRES		/	8 X	- 2	e. IS RESID	ENCE
OR INSTITUTION Crownsvil	le State Ho	spital		Javisville	P. O.				YES 1	
3. NAME OF DECEASED (Type or print)	Joseph		Middle Samuel	lost Queen	4. DATE OF DEATH	Mon	th 7	21		
5. SEX			NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDE	RIYEAR	IF UNDER	
Male	Negro	WIDOWED [10-5-01		fost birthday) 50 yrs.	Months	Days	Hours	Min.
during most of worl	ON (Give kind of work of king life, even if retired)	done 10b. KIND	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S		_	12. CI		F WHAT C	OUNT
Handyman 13. FATHER'S NAME				Washing	ton, D.	C.		U.S	. A.	
Samuel Que	en			Henrie						
IS. WAS DECEASED EVE			L SECURITY NO. 17.	Hospital R	ecords	Addr	ress			
Conditions, if o gave rise to i cause (a), stating lying cause last. PART II. OTH	the under-	Infarc	ry and Gene	ardial Fibr	erioscl		EN IN PAI	RT I(a)	PERFORA	AED?
UF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE I	HOW INJURY OCCURRE	D. (Enter nature of injury	in Part I or Par	t II of item 18.)			YES 🔀 1	10 [
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea		Not while for	ACE OF INJURY (Home, ctory, street, office bldg.,		y ar town)		(County)		(State
21. I certify the alive on 7-2	at I attended the	deceased from 12.58.		occurred at 6:4	ADDRESS (S	n the causes a treet, city or town, ate Hospi	ind on 1 state)	he da		
PHYSICIAN'S NAME (Type) H1 220. BURIAL, CREMATIO REMOVAL (Specify)		rd Reis	NAME OF CEMETERY O			TION (City, town, o		Md.	7/21 (Stote)	/58
23, FUNERAL DIRECTOR	SIGNATURE	Ó	ADDRESS, ten	1/2 240. 1	REC'D BY REGIST	FRAR Ab. REGIS	STRAR'S SI	GNATU	RE /	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 9 RURAL and give negrest town) P d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 00 4. DATE OF DEATH NAME OF Middle lost DECEASED (Type or print) S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months WIDOWED 7 DIVORCED [52 yes. papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ban paper er death. during most of working life, even if retired) HOME HOMEMAKER 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address 17. INFORMANT GREEN HAU 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO MEROSIS Canditions, if ony, which gave rise to immediate **DUE TO** cotse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY ONCHITI 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o.m. Not while at work at work p. m. July 8 1958 that I last saw the deceased 21. I certify that I attended the deceased from MAY at 15 M, from the causes and an the date stated above. a, and that death accurred ADDRESS (Street, city or town, state) ACTUAL SIGNATURE shaule PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO P

(State)

22d. LOCATION (City, town, or county)

246. FEGISTRAL'S SIGNATURE

24a. REC'D BY REGISTRAR

(State)

ON A FARM?

YES NO

19.5%

page 0 15M 9/SS

220. BURIAL, CREMATION, 22b. DATE THEREOF

FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify) AIRUS

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FOR STATE HEALTH DEPT.

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delay is necessory, please funeral director. Page stained for your files. DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to refuner 4 should be forwarded to the Chambers of Examiner's Office along with farm PM3. Page 5 may intrine 5 FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State or its designated agent, priar to buriol, cremotion, or removal, and in any prefix within 72 hours after death.

TO DEPUT	execute	4 should	H
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EVAMINEDIC CENTIEICATE OF DEATH

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7594 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Di	14.574
1. PLACE OF DEATH o. COUNTY Anne Arundel MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of the county of the	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and and give nearest lown)	give nearest lown)
Pasadena 7 days Baltimore 3 Vol-	1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
Weedon's Restaurant, Mt. Pleasant, 5520 Rubin Avenue	YES NO NO
3. NAME OF DECEASED (Type or print) Tryin Rosenfeld (Middle Lost July 10 195	Day Year
5. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years IFUNDER)	
lear birthday) Months [Days Hours Min.
M W. WIDOWED DIVORCED $5/13/11$ 47 yrs.	
during most of working life, even if retired)	USA
Clothing Cutter Baltimore, Md.	USA
13. FATHER'S NAME	
Morris Rosenfeld Mary Fleischman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. Address 16. SOCIAL SECURITY NO. 17. INFORMANT 16. SOCIAL SECURITY NO. 17. INFORMANT 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. SOCIAL SECURITY NO. 18. SOCIAL SECURITY N	
Army 11 World War Mr. Earle Rosenfeld (brother)	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Goronary Occlusion	Sudden
420. / DUE TO	
Conditions, if ony, which) (b)	
gove rise to immediate cause	
(a), stating the underlying (c) (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 11 of item 18.)	1(a) 19. WAS AUTOPSY PERFORMED? YES NO F
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)	1.50
PRIMARY OF CONTRIBUTING C	
3 20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 120f, (City or town) (Court	
Hour a. m. While Not while factory, street, office bldg., etc.)	nty) (Stote)
21. I certify that I tack charge of the remains described above, held an Autopsy [], Inspection [X]. Inquir	and in my
opinian death resulted fram: Natural causes 🟋, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined m	anner 🔲
La A W S 1 Su	D 4 000 4104100
ACTUAL SIGNATURE SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER []	DATE SIGNED
ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	
EXAMINER'S NAME (Type) GustaveH. Faubert. M.D. DEPUTY MEDICAL EXAMINER 7/10/58 279/BURIAL, CREMATICN, 272b. DATE THEREOF 272c. NAME OF CEMETERY OR CREMATORY) [270. LOCATION (City, lown, or county)]	(Stole)
RXAMINER'S NAME (Type) GustaveH. Faubert, M.D. DEPUTY MEDICAL EXAMINER 7/10/58	(Stole)
EXAMINER'S NAME (Type) GustaveH. Faubert. M.D. DEPUTY MEDICAL EXAMINER 7/10/58 279/BURIAL, CREMATICN, 272b. DATE THEREOF 272c. NAME OF CEMETERY OR CREMATORY) [270. LOCATION (City, lown, or county)]	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7537 CERTIFICATE OF DEATH with director, 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND b CATALOR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) C LENGTH OF STAY IN 16 RURAL and give negrest/town) should naRollo d. NAME OF HOSPITAL III nat in haspital, give street address).
OR INSTITUTION? d STREET ADDRESS e. IS RESIDENCE ON A FARM YES T NO NAME OF Middle 4. DAT Year DECEASED (Type or print) DEATH 105 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO IF UNDER 1 YEAR IF UNDER 24 HPS SEX B. DATE OF BIRTH 9. AGE (In years last birthday) Months Hours DIVORCED WIDOWED [106. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIBMPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? avaling most of working life, even if retired) 13. FARRER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ddress gu 18. CAUSE OF DEATH [Enter only one cause per line-for (a), (b), and (c). INTERVAL RETWEEN ONSET AND DEATH d PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO by Canditians, if ony, which ony signed gove rise to immediate DUE TO 2 cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO D 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ofe 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) 5 factory, street, affice bldg., etc. Hour o. m. While Nat while al work at work 21. I certify that I attended the deceased fram. 1958 that I last saw the deceased alive on _, and that death accurred at from the causes and an the date stated above. ADDRESS (Street, city or town, state) de DIRECT ACTUAL prior M D P PHYSICIAN'S NAME (Type) FUNER m 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 27d. JOCATION (City, town, or county) REMOVAL (Specify)

24b. PEGISTRAR'S SIGNATURE

24a, REC'D BY REGISTRAR

VS A15 (4)

23/ FUNERAL DIRECTOR'S SIGNATURE

PHYSICIAN:

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this center and the hos been signed by the attending physician and campletely page 3 should be detached for use content be be properly one in the registrar prior to burial, cremation, or removal, and in any eyest within 72 hours after death.

VS A1S (4) 15M 9/55 7595 CERTIFICATE OF DEATH

Reg. Dist. No.

	-			
1		PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE COUNTY Anne Arende	
-		b. CITY OR TOWN (If autside corporate limits, write RURAL and give pagrest town)	c. CITY OR TOWN (If outside corporale limits, write RURAL and g	
0	1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF 1354	d. STREET ADDRESS 117-2-130X354	e. IS RESIDENCE ON A FARM? YES NO PA
	1		Checket 4. DATE Month OF DEATH Jacky 3	Day Yeor
ä	S. 5	2/4/6 ///-/	land to Wat day a	YEAR IF UNDER 24 HRS. Doys Hours Min.
	(a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life even if refired) Repended Maket (petited) Prot3 Man 13ros-	Austria U.	ZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address Schreiber Se	me As#2
1		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Hus	umbosis	INTERVAL BETWEEN ONSET AND DEATH 24 hours.
/		Conditions, if any, which) DUE TO Conditions, if any, which)	tes heart disease	2 years
		gave rise to immediate case (o), stating the under-lying cause lost. DUE TO Senility (c)		zyears.
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
			. (Enter nature of injury in Part I or Part II of item 1B.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Page 20d. INJURY OCCURRED And while of work of work are factors.	CE OF INJURY (Home, form, 20f. (City or town) (Cory, street, office bldg., etc.)	ounty) (State)
		21. I certify that I attended the deceased from May alive an July 2, 1958, and that death of	occurred at 3 AM, from the causes and an th	ast saw the deceased e date stated above.
į		ACTUAL SIGNATURE arthur Landsford fr M	A.D. Mountain Rd Pasade	DATE SIGNED
1			TR, MOUNTAIN CO. PASADO	ENA MD.
		BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) Tuly 5/458 Druis frage	CREMATORY 22d. LOCATION (Eity, town, or county) Cometery PKesville	M/(Stole)
1	23.	Tuleral Director's signature, Landoness Tuleral Flen Burnie,	DATE 17 158	Nature

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7538 CERTIFICATE OF DEATH

Reg. Dist. No.

07577

							Reg. Dist. No	ð
1. PLACE OF DEATH a. COUNTY Anne	Arundel	MARY	LAND 2. USUAL 1	ryland	re deceased live	b. COUNTY	n: Residence before Arundel	are admission)
	autside carporate limits, write arest tawn)	c. LENGTH OF STAY		Annapol			IRAL and give ne	earest tawn)
OR INSTITUTION	L (If not in hospital, give street		d. STRE	Condui	t Street			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First WILLIAM	Middle TILGHMAN	SCIBLE		4. DATE OF DEATH	JULY	25	Year 19 58
5. SEX Male	6. COLOR OR RACE 7. MA			ary 13.	la			R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION during most of working Reti	N (Give kind of work done 10 ng life, even if retired)		ug stonre	HPLACE (State o	r foreign country)		OF WHAT COUNTR
13. FATHER'S NAME			14. MOTH	ER'S MAIDEN NA	ME			
	IN U. S. ARMED FORCES?	4 COCIAL CECURITY NO	. 17. INFORMANT	Emma Smi	Lth	4.14		
(Yes. no. or unknown) (II	t yes, give war or dates of services	213-34-338	7 Mrs. Mar	y L. Sei	ible - W	Addre		# 2
PART I. DEAT 49/ X Conditions, if an gave rise to im cause (o), stating It lying cause lost.	he under-	BRONG	HOP.	ren.			ON	TERVAL BETWEEN
PART II. OTHE	ER SIGNIFICANT CONDITION	TIC ABA	FRT DI	SFASA	AL DISEASE CO	NDITION GIVE	N IN PART I(0)	PERFORMED? YES NO
	CAUSE OF DEATH	ESCRIBE HOW INJURY O	CCURRED. (Enter natu	re of injury in Po	ert I ar Part II af	item 18.)		
20c. TIME OF INJURY Haur a. m. p. m.	Whi	. INJURY OCCURRED ile Nat while rark at wark	20e. PLACE OF INJU factory, street, o	RY (Hame, farm, ffice bldg., etc.)	20f. (City or to	wn)	(County	(State)
ACTUAL SIGNATURE E	at I attended the dece	55,, and that	death occurred		DDRESS (Street	causes ar	nd on the do	the decease of the stated above DATE SIGNI
220. BURIAL, CREMATION REMOVAL (Specify) Burial			etery or cremator	Y [2d. location Annapol	(City, tawn, or		(State)
23 RUPEPAL DIRECTOR'S HOPPING FUNE	10 your	ADDRESS Mapolis, Ma		24a. REC'D	BY REGISTRAR	246. REGIST	trar's signatu	JRE

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NAME OF CEMETERY OF CREMATORY

ADDRES:

27d. LOCATION (City, tawn, or county)

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

DATE

(State)

within cample emave 0 ate has nding 6 0 of FUNER 10 VS A15 (4) 15M 10/57

death. eral

BURIAL, CREMATION, 226. DATE THEREOF

REMOVAL (Specify) mosa

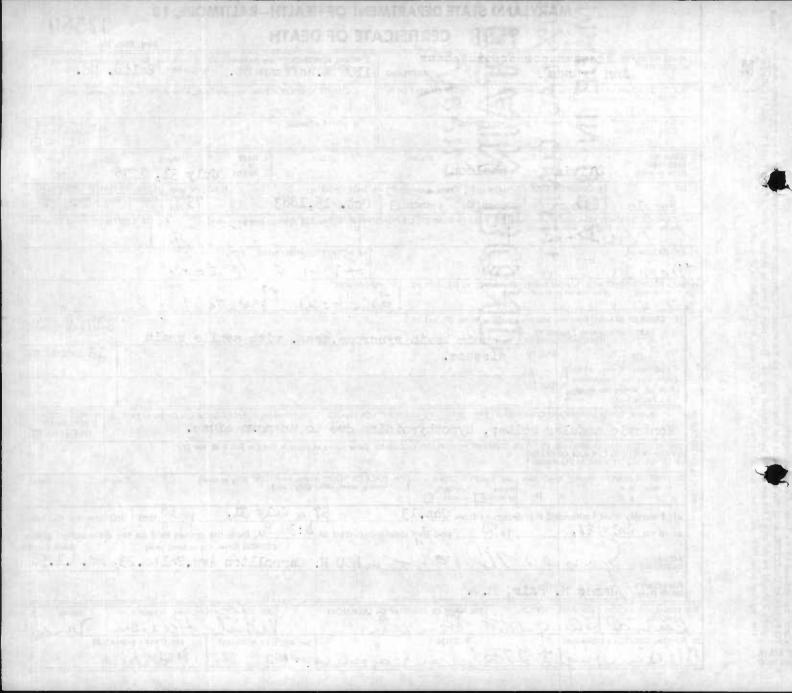
23. EUNERAD DIRECTOR'S SIGNATURE

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PHYSICIAN:

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7 Filmo232 7-30-58et OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY Filed MARYLAND the funeral shauld be fi b. CITY OR TOWN (If outside carporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 RURAL and give nearest lown) NAME OF HOSPITAL not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED First 4. DATE Middle Doy Year (Type or print) DEATH within 9. AGE (In years last birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months. Days Hours Min. DIVORCED complet WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) carbon p devitou ē 14. MOTHER'S MAIDEN NAME physician emove carb SHOEMAKER COBB ELL hour 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Hending NO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND BEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINACOUS ASEICONDITION GLYEN, IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part f or Port II of item 18.) PHYSICIAN: 0 WEDICAL 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (Stote) (County) foctory, street, office bldg., etc.) Hour a. m. Not while ot work at work 21. I certify that I attended the deceased from Athat I last saw the deceased alive on Mat death accurred M, from the causes and an the date stated above. OR ADDRESS (Street, city or lown, stote) DATÉ SIGNED DIRECT ACTUAL should D FUNERAL Page 3 show HOSPITAL PHYSICIAN'S NAME (Type 220. BURIAL, CREMATION, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY OCATION (Stote) REMOVAL (Specify) nd. 10 245 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE

VS A15 (4)

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ATTENDING PHYSICIAN: The law

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ERTIFIC	ATE OF DEATH	Reg. Dist. No.							
MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission. STATE b. COUNTY Anne Arundel								
F STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
orn	10 Amapoli	s. Md.							
d.							e. IS RESIDENCE ON A FARM? YES NO		
Middle	Lost SMITH	4. DATE OF DEATH	Man Jul		Doy 16	Y.	ear 9 58		
MARRIED X	8. DATE OF BIRTH		9. AGE (in years	IF UNDER	YEAR	FUNDER	24 HRS.		
IVORCED [16 July 1958		lost birthdoy) yrs.	Months	Days	Hours	35.		
NESS OR INDU			ountry)	12. CITI	ZEN OF	WHAT	COUNTRY		
-		J	U.S.						
	14. MOTHER'S MAIDEN N		REGOY			473	TRU		
RITY NO. 17.	Elizabeth	PI. IE	Addr						
	U.S.Naval Hos	pital,			1.				
PHALUS,	CONGENITAL				ONSE	VAL BET T AND I	WEEN DEATH		
tiple c	T NOT RELATED TO THE TERM ongenital def ED. (Enter noture of injury in	ects		EN IN PART		WAS A PERFOR	MED?		
RED 20e. PI	LACE OF INJURY (Home, form sciory, street, office bldg., etc	, 20f. (City		(Co	ounty)		(Stote)		
6 July	, 19 58 , to 1	6 July	1958	41 - 4 1 1		41			
	occurred at 10:5	OPA from	, 17	stote)	e date	stated	d abave. TE SIGNED		
1	OR CREMATORY	22d. 10CAT	ION (City, town, o	or county)		(State)	yd.		

PLACE OF DEATH Anne Arundel b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH C Newb Annapolis d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION
U.S. Naval Hospital, Annapolis, M (Type or print) Baby Girl 6. COLOR OR RACE 7. MARRIED T NEVER Female Cauc WIDOWED T 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME Franklin D. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUE CAUSE OF DEATH [Enter only one cause per line for (a), (b), PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) HYDROCE DUE TO Conditions, if ony, which gove rise to immediate DUE TO catse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Myelomeningocele and Mul 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW IN MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUR o. m. Nat while at work of work 21. I certify that I attended the deceased from, 16 July ACTUAL PHYSICIAN'S LCOR F. (N) DEPAOLA M NAME (Type) 22b. DATE THEREOF 22a. BURIAL, CREMATION, 22c. NAME (REMOVAL (Specify) av 23. FUNERAL DIRECTOR'S SIGNATURE Les ADDRESS mapoles Md 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE JUL 2 1 '58

TO FUNERAL DIRECTOR: VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7541 CERTIFICATE OF DEATH

07583

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Anne Ar	undel		MARYLA	ND 2.	o Maryland	ere deceased	l lived. If instituti b. COUNTY)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis			16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis							
OR INSTITUTION	SPITAL (If not in hosp Arundel (1	d. STREET ADDRESS 1020 Bay Ri	dge A	ve.			IS RESIDE ON A FA YES N	ARIA?
3. NAME OF DECEASED (Type or print)	GUY	First W	Middle STALLINGS		Lost	4. DATE OF DEATH	JUL		.O Doy	Yeo 19	58
5. SEX Male	6. COLOR OR I	WIDOW		J	an. 15, 189	7	9. AGE (In years last bighday) 61 yrs.	Months Months	Doys II	Hours 2	24 HRS. Min.
10a. USUAL OCCUP, during most of a	ATION (Give kind of working life, even if	work done 10b. retired)	U.S. Gov.	NDUSTRY	11. BIRTHPLACE (Stole		ountry)	12. CI	USA	WHAT CO	DUNTRY
13. FATHER'S NAME	3. FATHER'S NAME			1.	. MOTHER'S MAIDEN N					Rin	
В	ryan Stall	lings			Elizabeth	Norf	olk				
15. WAS DECEASED (Yes. no. or unknown)	EVER IN U. S. ARMEI	otes of service)	SOCIAL SECURITY NO. 19-01-8946	17. INFO	rmant Virginia Sa	tllin	gs, Wife		e as	# 2	
CATIC	f ony, which o immediate ing the <u>undersame</u>	(b)UE TO (c)T CONDITIONS (CONTRIBUTING TO DEATH	1 BUT NOT		NAL DISEASE		VEN IN PAR	, ,	PERFORM	TOPSY NO E
OR CONTRIBUTION OF CONTRIBUTIO		(ATH NER) 7. Year 20d. II	NJURY OCCURRED 20	e. PLACE	OF INJURY (Home, form, street, office bldg., etc.	20f. (City		(County)		(State)
	that I attended to A	the deceas	ed from Jul	410 edith oc	1, 1958, 10 1 curred of 4. WF	_M, from	the causes of the city or town,	and on t	lost saw he dote	stoted	above signed
PHYSICIAN'S NAME (Type)_	Albert L		son MD		Southge	ate Av	e. Anna	polis	, Md		
220. BURIAL, CREMA	ify)		22c. NAME OF CEMETE			22d. LOCAT	ION (City, town,	or county)		(State)	
Burial 23. TONERAL DIRECT	July	12, 78	Cedar Blu	IT Ge			apolis,				
AND THE WALL DIKECT	OK 3 SIGNATURE	27-	ADDRESS		24n REC'I	BY REGISTI	RAR 124b. REGI	STRAR'S SI	MANATINE		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 RURAL and give nearest town) 0 5 9nna Poll. d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION 6 NAME OF 4. DATE Middle Month Lost OF DEATH (Type or print) 8. DATE OF BIRTH 9. AGE (In years lost birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED T WIDOWED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) breman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME e we 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending ww 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (0) -DUE TO ony Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY guipu 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) Cote ATTENDING PHYSICIAN: 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) ö Hour o. m. While Not while of work of work 21. I certify that I attended the deceased from._. alive on and that death occurred at /_ v FUNERAL DIRECTOR ADDRESS (Street, ACTUAL should PHYSICIAN'S NAME (Type) HOSPITAL e 220. BURIAL, CREMATION. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Lunc

ADDRESS

0 VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

07584 Reg. Dist. No.

e. IS RESIDENCE

YES NO Z

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19

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Days

Months

05 a Address INTERVAL BETWEEN PERFORMED? YES WOT (County) (State) ___that I last saw the deceased _M, from the causes and on the date stated above. DATE SIGNED (Stote) 24b_REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR DATE JUL 2 2

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07585 7599 CERTIFICATE OF DEATH Reg. Dist. No.

	1. PLACE OF DEATH a. COUNTY A. A. County MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
M	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
0	d. NAME OF HOSPITAL (If not in hospitat, give street address) OR INSTITUTION Aurno Nursing Come 29 Btapace Rd. e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF DECEASED (Type or print) WILLIAM H-STINCHOMB OF DEATH July 13 1958
	5. SEX ON ALE ON ACCOUNT OR RACE ON MARRIED NEVER MARRIED B. DATE OF BIRTH ON ALE ON MARRIED NEVER MARRIED B. DATE OF BIRTH ON ACCOUNT OR RACE ON MARRIED NEVER MARRIED B. DATE OF BIRTH ON ACCOUNT OF THE ON THE OF BIRTH ON ACCOUNT OF THE OF BIRTH
	10a. USUAL OCCUPATION (Give kind of work dane of work dane) Observed the substitution of working life, even if refired) PRODUCE Mayland 12. CITIZEN OF WHAT COUNTRY? What Country are the substitution of working life, even if refired) Observed the substitution of working life, even if refired are the substitution of working life.
	William V. Stinchesmel- Clara Burke
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, orly argunknown) (It yes, give war or dates of service) 215-09-5762 Jean Williams Williams Williams.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LOCALIZED INTERVAL BETWEEN ONSET AND DEATH LOCALIZED LOCALIZED IMMEDIATE CAUSE (o)
	Canditions, if ony, which) (b) Metablatia Corcinors / Lea
	gove rise to immediate codes (o), stating the under-lying couse lost.
0	PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETTHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)
	20c. TIME OF INJURY Manth, Day, Year Not while Not while of work at work 19 to work at work 19 to w
	21. I certify that I oftended the deceased from MIC 22-, 100, to 150, that I last sow the deceased alive MIC 24, 19 and that deoth occurred at Manual ecouses and on the date stated above.
(ADDRESS (SATE), CID Town, stole) DATE SIGNED SIGNATURE MAD. DATE SIGNED
1	PHYSICIAN'S DR'S OSEPHILYPSKEY
	20 OURIAL CREMATION, 22 DATE MELECTE, 1 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) July 18,1958 (edat Hill Cem. Brocklyn RfD) (Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE Gle-Butnie, M. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE 111. 4 7 158

in by the funeral director, and 2 should be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page

rading physician. at the attending physician and campletely are has been signed by the attending physician and campletely. The burial-transit permit. Then please remave carbox-pagers. Par remaval, and in any event within 72 haurs after death.

may be retained by the haspital ar atta TO FUNERAL DIRECTOR: After this ce, page 3 shauld be detached far use a. the registrar prior to burial, cremation,

VS A15 (4) 15M 9/SS

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1.	PLACE OF DEATH o. COUNTY	ne Arundel		MAR	YLAND	2. USUAL RESI	pence (who	ere decease	d lived. If instituti b. COUNTY				
	b. CITY OR TOWN (If RURAL and give neo	erest town)	ts, write	c. LENGTH OF STAY	IN 16		town (If or		orote limits, write R	URAL ond	give nec	orest fowr	1)
	d. NAME OF HOSPITA					d. STREET A	nroe C	ourt				ON A	FARM?
3.	NAME OF DECEASED (Type or print)		SELL		STON	to:	st	4. DATE OF DEATH	JULY	th 7	Do		Year 58
5.	SEX Male	6. COLOR OR RACE White	7. MARR	D DIVORCE	79.27	Dec. 18			9. AGE (In years lost beythdoy) yrs.	Months Months	Days	Hours	Min.
10	during most of working Bar tend	ng life, even if retired	done 10b.	Hotel Ba			ew Jer		ountry)	12. CI		e. IS RESIDENC ON A FARM YES NO Day Year 19 NO Day Year 19 NO Day Hours Mile NO WHAT COUNTY AND DEAT AND DEAT NO DEAT	COUNTRY
13	. FATHER'S NAME Thom	as Alloway				14. MOTHER'S	te Ene						
	(es. no. or unknown) (If	IN U. S. ARMED FOR f yes, give wor or dates of a	ervice)	SOCIAL SECURITY NO 213-20-704		nformant ela Kath	erine	Stone	- Daught		same	85	# 2
	PART 1. DEATI 163 X Conditions, if one gove rise to im couse (o), stoting the lying couse lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which mediate	in	e for (o), (b), ond (c) CREASE EREBA ARCINI	PAL	ME ME	CRAIN 1195	TASI	APESS ES	COCE			
CERTIFICATION	PART II. OTHE	BETE	5	ONTRIBUTING TO DE	17	45				EN IN PAI	RT 1(o) 1	PERGE	DRMED?
		AEDICAL EXAMINER)		TRIBL HOW HAJORY C	CCURRE	D. (Enter noture o	or injury in r	on i or rui	r ii or iiem is.j	90			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	While	Not while of work	20e. PL	ACE OF INJURY (ctory, street, office	Home, form, e bldg., etc.)	20f. (City	or town)	/	(County)		(Stote)
	21. I certify tho	it I attended the	decease	ed fram Jul	3/	, 1957	Z, to	7-1	17 1955	that I	last so	aw the	deceased
	alive on	Bucky	19-	Bester	death	M.D. A			n the causes of treet, city or town,		Day Year 19 19 NDER 1 YEAR IF UNDER 24 11hs Days Hours / 2. CITIZEN OF WHAT CO USA INTERVAL BETWEE ONSET AND DE ONSET AND	ed abave. ATE SIGNED	
-	PHYSICIAN'S NAME (Type)	Edward Be				Sou	thgat	Ave	Aumapa		Ma		
	Burial CREMATION REMOVAL (Specify) Burial	July 9,5	Code Code	22c. NAME OF CEM Hillcre		R CREMATORY		22d. LOCA	TION (City, town, o	or county)		(Stot	e)
23	FUNERAL DIRECTOR'S	SIGNATURE	. K	ADDRESS			24a. REC'D	BY REGIST	RAR 24b. REGIS	STRAR'S SI	GNATU	RE ₀	

Annapolis. Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 the attending physician and campletely Then please remave carbon papers. vent within 72 hours after death. ding physician. ate has been signed by the burial-transit permit. permit. may be retained by the haspital ar a page 3 shauld be detached for use

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Hopping Funeral Home

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the registrar priar to burial, VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist 112587 filed with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND erol b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWNAIT outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 pe RURAL and give negres! Jown! the fune shauld d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 00 24 YES NO 5 NAME OF 4. DATE /Middle Last Year Day DECEASED OF (Type or print) DEATH 1915 within 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. SPX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days Hours Min. WIDOWED 1 DIVORCED [7 cample USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? country) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician of the 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service attending 5 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which signed gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES [NO P 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II at item 18.) ding CO (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (Stote) (County) factory, street, affice bldg., etc.) Hour o. m. While Not while 19 al work at work 21. I certify that I attended the deceased from 1 that I last saw the deceased 00 A.M. fram the causes and an the date stated above. alive on and that death accurred at DIRECTOR: ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL 3 should PHYSICIAN'S FUNERAL NAME (Type) 0 22b. DATE THEREOF 220. BURIAL, CREMATION. 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) OX 0 231 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) DATE 1SM 9/SS

The state of the s AND THE REAL PROPERTY AND THE PARTY AND THE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07588 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8 cremation Reg. Dist. No. 4 should 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH o. COUNTY O. STATE b. COUNTY N MARYLAND burial, b. CITY OR TOWN (If outside corporate limits, write RURAL director. Page c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town! 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS anne arundel files. NAME OF First Middle 4. DATE Month Day DECEASED OF DEATH (Type or print) WCRO! Hall 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR <u>----</u> the last birthday] Months Days WIDOWED [DIVORCED 0 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo machene wee. 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Pages 5 Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) buriol-transit **DUE TO** Conditions, if ony, which gove rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. 0 Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY used os pending 20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) CAUSE OF DEATH. Jummena 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 120f. (City or town) (County) EXAMINER: Not while factory, street, office bldg., etc.) 02 While Medical 3 19 58 of work at work Bures 5 : 36 p. m. writing 21. I certify that I took charge of the remains described above, held an Autapsy , Inspection . Inquiry to the Chief / Accident 4 death resulted fram: Natural causes . Suicide | Hamicide . Undetermined cause DEPUTY MEDICAL cute the certificate, ACTUAL CHIEF MEDICAL EXAMINER forwarded to ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22g. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOGATION (City, town, on county). REMOVAL (Specify)

ADDRESS

240 REC'D BY REGISTRAR

DATE SEL 9

e. IS RESIDENCE ON A FARM?

YES NO E

Year

IF UNDER 24 HRS.

PERFORMED?

NO P

(State)

and find that

DATE SIGNED

(State)

24b. REGISTRAR'S SIGNATURE

Hours

1958

Min.

VS. A15ME(5) 5M 9/55

SUNERAL DIRECTOR'S SIGNATURE

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M. J. 1 7-8-5 m.	

in by the funeral director, and 2 should be filed with

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attending physician

remove carban papers.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		The state of	76	02	CERTI	IFIC/	ATE OF DEAT	H		Reg. Dist			03
o. CC	e of DEATH DUNTY ne Arund	el			MAR	YLAND	2. USUAL RESIDENCE (V	Where decease	d lived. If institution b_county Baltin				on)
RU	TY OR TOWN (IF RAL and give nee Ownsvill		ls, write		7m 1	1M 16	c. CITY OR TOWN (I	f outside carpo		RAL and giv			
OF	RINSTITUTION	e State Ho					d. STREET ADDRESS 718 Vine S	treet			e.	ON A	FARM?
3. NAM DECE (Type	E OF ASED or print)	Fir	hnie		Middle		Terry	4. DATE OF DEATH	Month 7		28°y		°° 58
5. SEX Fem	ale	6. COLOR OR RACE Negro	7. MARR		VER MARRI DIVORCE		8. DATE OF BIRTH 1884			Months D		F UNDER	R 24 HRS Min.
duri	JAL OCCUPATION IN MOST	N (Give kind of wark ng life, even if retired	done 10b.	KIND OF E	BUSINESS C	OR INDU	STRY 11. BIRTHPLACE (Sta	te ar fareign c	auntry)	12. CITIZ		. A.	COUNTR
13. FATH	IER'S NAME						14. MOTHER'S MAIDEN	NAME					
	or unknown)	IN U. S. ARMED FOR I yes, give wor or dotes of t		SOCIAL SE	CURITY NO		Mospital Rec	ords	Addre	35			
Co go	PART I. DEAT	mediate (Ur	emia	with	Нуро	static Pneum		ardial In	farct		VAL BET	
FICATION	Aner	nia with D	ecubi	tus U	lcers	3	NOT RELATED TO THE TER			N IN PART		PERFOR	UTOPSY RMED? NO 🔀
O (III E	CONTRIBUTING	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW	/ INJURY O	CCURRE	D. (Enter nature of injury i	n Part I ar Por	t II of item 18.)				
WEDICAL 20c.	TIME OF INJURY Haur a.m. p. m.	Month, Day, Yes	While of wark	Nat v	vhile	20e. PL/ foc	ACE OF INJURY (Home, fa clary, street, affice bldg., e	rm, 20f. (City	or town)	(Co	unty)		(State)
aliv ACT SIGN	Ve on July	one McHen	184 184	8 Ty /			occurred oil2:20 M.D. Crownsvil	ADDRESS (State	n the causes and treet, city or tawn, stee Hospita	ote) 1,Md.	date	state	d abov

may be retained by the haspital or off TO FUNERAL DIRECTOR: After this corrections as a should be detached for use of the registrar prior to burial, cremation. TO HOSPITAL OR VS A15 (4)

27 d. BURIAL, CREMATION,

22b. DATE THEREOF

15M 10/57

NAME OF CEMETERY OF CREMATORY UNERAL DIRECTOR'S SIGNATURE

22d OCATION (Gity, town, or county)

(State)

24a. REC'D BY REGISTRAR DATE AUG

245 REGISTIPAR'S SIGNATURE

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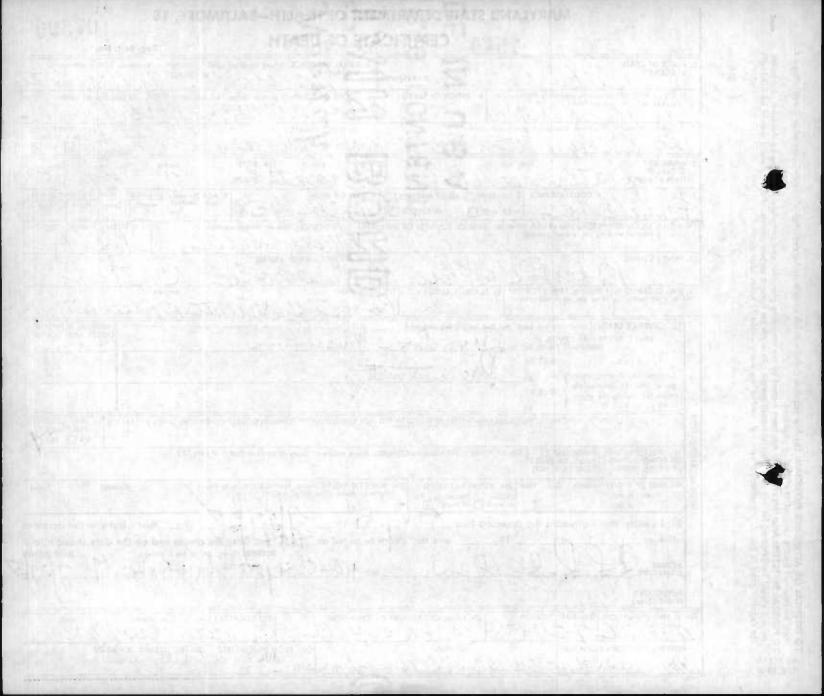
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7544 CERTIFICATE OF DEATH

		Reg. Dist. 110.					
	1. PLACE OF DEATH O. COUNTY A CLIC QUENTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. JF-institution: Residence before admission) o. STATE COUNTY A. COUNTY					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	10 c. CITY OR TOWN (If sutside corporate limits, write RURAL and give nearest town)					
)	D. CITY OR TOWN If outside corporole limits, write and give negress form.) RURAL OR IN PRIVATE OR TOWN If outside corporole limits, write and give negress form.) RURAL OR IN PRIVATE OR IN IN INDUSTRIAL OR STAY IN 16 NAME OF HOSPITALITY IN INDUSTRIAL OR STAY IN 16 NAME OF HOSPITALITY IN INDUSTRIAL OR STAY IN 16 NAME OF HOSPITALITY IN INDUSTRIAL OR STAY IN 16 NAME OF HOSPITALITY IN INDUSTRIAL OR STAY IN 16 NAME OF HOSPITALITY IN INDUSTRIAL OR STAY IN 16 NAME OF HOSPITALITY IN INDUSTRIAL OR STAY IN 16 NAME OF HOSPITALITY IN INDUSTRIAL OR STAY IN INDUSTRIAL OR						
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1	Jemale (al, WIDOWED DIVORCED)	4-26-1958 lost birthdoy) Magnes Doys Hours Min.					
	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	11. BIRTHPLACE (Stole of foreign country) Maryland BC 12. CITIZEN OF WHAT COUNTRY?					
	13. FATHER'S NAME Robert B. Spreatt	Gravola Butter					
		Sbert B. Shreatt 47 Pleasant SX					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Pherma Interval Between ONSET AND DEATH					
	Conditions, if ony, which gove rise to immediate DUS TO	U					
	lying couse lost. (c)						
	49/ X	PERFORMED? YES NO					
). (Enter nature of injury in Port I or Port It of item 18.)					
		CE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)					
	21. I certify that I attended the deceased from.	19 to 19 that I last saw the deceased					
		accurred at ADDRESS (Street eity or town, stote) DATE SIGNED					
1	SIGNATURE A Kelling A	10-CLH73174AMTHEHS, 179, 7/3913					
	PHYSICIAN'S NAME (Type)						
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR BROWLE 7-29-58 Browle	Hall auragiolis Mac					
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE					



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07592 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7545

10						
	1. PLACE OF DEATH o. COUNTY A. A. CO. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE b. COUNTY				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress),	d. STREET ADDRESS CARROLFON - AUE .527 o. IS RESIDENCE ON A FARM? YES NO				
	3. NAME OF First Middle Or DECEASED (Type or print) The way of the control of t	Lost 1. DATE Month Day Year OF DEATH 7 23 1958				
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED C	DATE OF BIRTH 9. AGE (In years IF UNDER 1/EAR IF UNDER 24 HRS. 101 piritiday) 7 yrs. Hours Min.				
1	10a. USUAL OCCUPATION (Give kindrof work done during most of working life, even if retired)	11) BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	13. FATHER'S NAME JONES	14. MOTHER'S MAIDEN NAME, BESSIE CIZHK				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. of unknown) (If yes, give wor or dotes of service)	SCarp DUNK-Landle Md.				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ars hoft. Interval Between onet and geath				
	Conditions, if ony, which gove rise to Immediate cause (a), stating the underlying cause lost.					
0		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO				
	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter noture of injury in Port I or Port II of ilem 18.)				
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. m. P. m. 19 While Not while at work of work	CE OF INJURY (Home, form, ory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)				
	21. I certify that Ltack charge of the remains described abadeath resulted from Natural causes. Accident , Sui	ve, held an Autapsy, Inspection _K, Inquiry, and find that cide, Hamicide, Undetermined cause				
2	ACTUAL SIGNATURE Chefucht	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER				
	EXAMINER'S F. LIN hardt.	DEPUTY MEDICAL EXAMINER 7/23/50 .				
	220-BELBIAL, CREMATION, 226. DATE THEREOF 22c. MAME OF CEMETERS OR REMOVAL (Specific 7) 26/1968 (AN AUGUS)	Micmorred Alexander TIKA.				
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 322	246. REC'S BY REGISTRAR 246 REGISTRAR'S SIGNATURE				

VS. A15ME(5) 5M 9/55

cute the certificate, writing the ward forwarded to the Chief Medical FTC TO FUNERAL DIRECTOR: Page 3 should

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical EV mer's Office along with farm PM3. Page 5 may be retained for a files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the transfer prior to burial, cremating.



HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the raid "pending" in pendi in Item 1B. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forworded to the Chill edical Examiner's Office along with form PM3. Page 5 may frained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death.

Item 20 Film 231 -25-35 ams DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07593

	1040	Keg, Dist. No.
•	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	O. COUNTY AND FARUNDEL MARYLAND	o. STATE D b. COUNTY
X	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	HUNAPOLIS	BALTIMORE 3VOIL
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	HNNE HRUNDEL GEN	1631 WILET ST YES NO
	3. NAME OF DECEASED PIPE First Middle	Lost 4. DATE Month Day Year
Н	(Type or print) /Sobert	Torney DEATH 7- 19-1958
	100 - 10/	DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS. Months Doys 4 Hours Min.
	MALE WORED WIDOWED DIVORCED	// +/1888 /O yrs.
-	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	RETIRED LABORER BEN, GONTRACT	TI (BLUERT (D. MI) 1.S. X
	19. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JOSEPH TORNEY	NANE DMITH
	(Yes, no. ar unknown) (If yes, give wor or dates of service)	NFORMANT
	NO HA	INI=H. MARTIN 631 W. LEE ST
	18. CAUSE OF DEATH [Enter only one cause per fine for (o), (b), and (c).]	INTERVAL DETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	
	850 X DUE TO	
V	Conditions. if ony, which) (b)	
	gave rise to immediate cause (a), stating the underlying DUE TO	
	couse lost.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT H	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	[5]	PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (E	Enter nature of injury in Port 1 or Part II of item 18.)
	PRIMARY Or CONTRIBUTING DEATH. Boat Capsized	
	3 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
2	1 2 h . 7 27 William	ater on Chesapeake Bay Anne Arundel Md.
	21. I certify that I took charge of the remains described abo	ive, held an Autapsy . Inspection . Inquiry . and in my
	opinion death resulted from: Natural causes . Accident	Suicide , Hamicide , Undetermined manner
	11: 1101	
	SIGNATURE WILLIAM WARREST	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
>		ASSISTANT MEDICAL EXAMINER
	EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER [] /-20-58
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 27d. LOCATION (City, town, or county) (Stote)
	BURIAL 7/24/58 ST JOHN'S	CHURCH CALVERT (O. MI)
-	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Marsfall P. Aans 635 N. GILMO	STE YONE 21 50 DOOL -1
-		JULY 1 58 Will testuck

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VS. ATSME 5M 2/57

Rea. Dist. No

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e. IS RESIDENCE

Year

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12. CITIZEN OF WHAT COUNTRY?

YES NO TY

OBER		UOA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Tucker	Laura Simmon	s
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17. INFORMANT	Address
?	Plaza Maner Rece	nde
18. CAUSE OF DEATH [Enter only one couse per line for		INTERVAL BETWEEN
BART I DEATH WAS CAUSED BY		ONSET AND DEATH
IMMEDIATE CAUSE (o)	General Asthenia	7
174 X DUE TO		
Conditions, if ony, which (b)		
(o), stoting the underlying DUE TO		
couse lost. (c)		
PART II, OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	OW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 o	of item 18.)
20c, TIME OF INJURY Month, Doy, Year 20d, INJU White of work 2	URY OCCURRED Not while of work 20e. PLACE OF INJURY (Home, form, 20f. (City of foctory, street, office bldg., etc.)	or town) (County) (State)
21. I certify that I took charge of the ren	nains described above, held an Autopsy . In:	spection K Inquiry X and in my
apinion death resulted from: Natural cau		
ACTUAL SIGNATURE SELECTION NET	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE SIGNATURE		
EXAMINER'S	ASSISTANT MEDICAL EXAMINER	
NAME (Type) Gustave H. Faube	ert, M.D. DEPUTY MEDICAL EXAMINER	7/2/58
HE MOVAL Specify 226. DATESTHEREOF 226	c. NAME OF CEMETERY OF CREMATORY 22d. LODATI	ON (City, Jawn, or county) (State)
1996/800 7/8/58	ms auleur 12a	String mo
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 240. REC'D BY REGISTR.	AR PH. REGISTRAR'S SIGNATURE
Charles a. Rice	66 W. Barre of DANUL 8 '58	Michebuch

O FUNERAL DI VS A15 (4) 15M 10/57

NAME (Type)

PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TH (County) (State) _____that I last saw the deceased and that death accurred at 8755 a.M., from the causes and an the date stated above DATE SIGNED 7/14/58 Bowland, James E. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

YES NO TA

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	Verminerun, U.C.		on the term of Lands
	Total of V. Till	(similar in)	
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R	1. PLACE OF DEATH 2	ATE OF DEATH	Reg. Dist. 7.596
	O. COUNTY ANNE ARUNDE & MARYLAND	2. USUAL RESIDENCE (Where deceased lived. o. STATE MRAYLAND b	If Institution: Residence before admission) COUNTY
	b. CITY OR TOWN (If outside corporate limits, write gural ond give nearest town)	c. CITY OR TOWN (If outside corporale lim	ils, write RURAL and give nearest town)
	STONEY BEACH, MD. 3 MOS.	BALTO.	3401-4
00	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	ISOOW: HAMBUN	e. IS RESIDENCE ON A FARM?
	3. NAME OF FIRST Middle		
	(Type or print) WILLIAM JOSIE PH	L VOYCE 4. DATE OF DEATH	JULY 26 19 5
	A	B. DATE OF BIRTH 9. AGE	(In years IF UNDER 1 YEAR IF UNDER 24 HI birthdoy) Months Days Hours Min
	MALE WAITS WIDOWED DIVORCED	1506-6,1017 7	8 yrs.
I	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) ELEVATOR OPERATOR U.S. CUSTON	44	12. CITIZEN OF WHAT COUN
ofter o	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0
s g	George. Voyce	may ann.	Lowe
hou		FORMANT, UM VALLE	2100 E FEANHIL
22	NO III yet, give war or dates at service) NONE U	ILLIAM M. VOYER	3 ALTO. 24, 1
ithi	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	= 1 . 11	INTERVAL BETWEEN ONSET AND DEATH
10	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) adunoselest	il Cardio Vaguel	Allegan 2 year
0	DUE TO		
any	Conditions, if ony, which gove rise to immediate (b)		
2.	couse (o), stoting the <u>under.</u> lying couse lost.		
8		NOT RELATED TO THE TERMINAL DISEASE CONE	ITION GIVEN IN PART 1(a) 19, WAS AUTOP
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		PERFORMED? YES NO
E	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter noture of injury in Port I or Port II of its	-
5	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
ation	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While of work of work	ICE OF INJURY (Home, form, 20f. (City or town tory, street, office bldg., etc.)) (County) (Sto
Je m	p. m. 19 of work of work	A	
0, 0	21. I certify that attended the deceased from april	1958, to July 24	195 Sthat I last saw the deced
porio	alive on July 25, 19 50, and that death	accurred at 240 M. from the	causes and an the date stated ab
0	ACTUAL OF THE STATE OF	ADDRESS (Street, city	y or town, stote) DATE SIG
rio 1	SIGNATURE Of Madey Smulh	A.D. Rusera Beau	A My 1124
5	PHYSICIAN'S J. BRADY SMITH		
+50	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	COSTANTONY MALE CONTROL OF	
Ď	TALL NAME OF CEMETERS OF	CREMATORT 228. LOCATION (C	ty, town, or county) (State)
e regi	PEMOVAI (Specify)	Ritchie	Highway Ralto Ma
the regi	REMOVAL (Specify) 7/29/58 Holy Cross 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		Highway Balto . Md

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A1S (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07598 CERTIFICATE OF DEATH Reg. Dist. No director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence before admission) o. COUNTY b. COUNTY filed Anne Arundel MARYLAND Anne Arundel death. eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) the fune Lake Shore. Pasadena P. O., Md. Lake Shore, Pasadena d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle First Last 4. DATE Month Year Day DECEASED Charles H. DEATH (Type or print) Wehrheim 1968 July 12. within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years last birthdoy) Months WIDOWED TO DIVORCED T July 29 18a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Baltimore. Md. after 13/ FATHER'S NAME 14. MOTHER'S MAIDEN NAME Phillip Wehrheim Mary Hook 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address No 215-05-2255A Wargaret Wehrheim Migs same 18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)_ DUE TO Conditions, if any, which VESCHOL distant gave rise to immediate DUE TO casse (o), stating the under-Com seusatean lying cause last. car PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 15. WAS AUTOPSY PERFORMED? Lone YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, (County) (State) 50 foctory, street, office bldg., etc.) o. m. While Nat while at wark at wark p. m. 21. I certify that Lattended the deceased fram. 1924 that I last saw the deceased and that death occurred at 15.55MM, from the causes and an the date stated above. should be detach ADDRESS (Street, city or town, state) ACTUAL SIGNATUR FUNERAL F PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) poge REMOVAL (Specify) Loudon Park Cem Baltimore. Md Burial 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) JOHN F. DENNY. Inc. 715 Light St. DATE JUL 1 4 '58 Baltimore, Md.

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director. your dof MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission) o. COUNTY b. COUNTY Anne Amundel MARYLAND Maryland Anne Arundel b. CITY OR TOWN (If outside corporate limits, write RURA) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 222 Pindell Street YES NO NO 3. NAME OF DECEASED First Middle Wells DATE Month Yeor (Type or print) WILBERT וער 58 DEATH July 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE |In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Days Hours Male Colored WIDOWED [DIVORCED [23 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address ves, dive war or dates of service 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Drowning. IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 100 YES TO NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. EXTERNAL CAUSE WAS PRIMARY DE OF CONTRIBUTING Drowned while swimming. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stole) WEDI factory, street, office bldg., etc.) of work of work K Bende's Point Annapolis Anne Arundel Md. p. m. 21. I certify that took charge of the remains described above, held an Autapsy KI. Inspection . Inquiry [and in my opinian death resulted from: Natural causes Accident X Suicide . Hamicide Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER TO **EXAMINER'S** F. Guerin, M.D. NAME (Type) DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OF CHEMATORY 220. BURIAL CREMATION. 226. DATE THEREOF 22d. LOCATION (Gity, town, or county) REMOVAL (Specify 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

VS. A15ME 5M 2/57

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
		OF TIENETTI DAETIMORE,	

CERTIFICATE OF DEATH 7609

07600 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	A7		MARYLAND	0	SUAL RESIDENCE (Where decease	_ b. COUN	TY			ion)
Anne Arund	f outside corporate limi	its write	c. LENGTH OF STAY IN 16		ryland	f autolida annua	Prince				
RURAL ond give ne	earest town)	,			. CITY OR TOWN (I	r ouiside corpo	prote limits, write	KUKAL ON	give ned	rest town	1}
Crownsvill	e la distancia de la comita del comita de la comita del la comita del la comita del la comita del la comita de la comita del		1y 7m 6d		ltsville			16 X	- do		
	AL (If not in hospital, g			1	B. STREET ADDRESS						FARM?
	e State Ho	spita						117		YES 🗌	NO 🖰
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	M	onth	Do		Yeor
(Type or print)	Am	brose		V	Villiams	DEATH		7	23	1	19 58
5. SEX	6. COLOR OR RACE	7. MARRI	ED A NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In yea	IF UND	ER I YEAR	IF UNDE	R 24 HRS
Male	Negro	WIDOWE	D DIVORCED	1	872		10st birthday	Months .	Doys	Hours	Min.
Oa. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Sto	te or foreign c			ITIZEN O	F WHAT	COUNTR
Cement Fin	ing life, even it refired)			Marylar			4 00		I.S. A	
3. FATHER'S NAME	TOMOT			114	MOTHER'S MAIDEN					V - V 21	
	(D	1		14.	Sarah Ro		1500000				
	iams (Dece			10100		122 (16					
5. WAS DECEASED EVE	R IN U. S. ARMED FOR Ilf yes, give war or dates of s		SOCIAL SECURITY NO. 17.	INFOR!			A	ddress			
No				Hos	pital Reco	ords					
18. CAUSE OF DEA	TH [Enter only one co	ouse per lin	e for (o), (b), ond (c).}						INTE	RVAL BE	TWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure								ONS	ET AND	DEATH	
11221	DUE TO		115000110 11001								
Conditions, if or	114		esive Pericar	wi : + :	ia le Trefai	not tam	Mamaand	101 F	ihma	e i	
gove rise to in	mmediate	,	estad relitent	ULU.	To or Tilla	CCTAG	Myocard	Tar r.	TOLUE	To	
couse (o), stoting	the under- DUE TO			0		D					
lying couse lost.			eriosclerotio								
PART II. OTH	IER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH BU	I TON T	RELATED TO THE TER	MINAL DISEAS	E CONDITION C	IVEN IN PA	ART 1(o) 19	PERFO	AUTOPSY RMED?
										YES K	NO 🗌
OR CONTRIBUTING	S UNDERLYING [20b. DESC	RIBE HOW INJURY OCCURR	RED. (Ent	er noture of injury is	n Port I or Por	t II of item 18.)				
	MEDICAL EXAMINER)										
20c. TIME OF INJUR Hour o. m.	Y Month, Day, Ye	or 20d. IN	JURY OCCURRED 20e. F	LACE O	F INJURY (Home, for	rm, 20f. (City	or town)		(County)		(Stote)
Hour o. m.	19	While	Not while	octory, s	treet, office bldg., e	itc.)	65/23				
	1		20/27		2/	7/02/	F	Α			
	at aftended the	decease			, 19.56 , to	1/23/	, 19.2	B ,that I	last sa	w the	decease
alive on 7/23	1/	1/2	58_, grd/that/ deat	h occi	rred at 10:5	5P.M. from	n the causes	and on	the dat	e state	ed abov
1.		110.	-11/h/h				treet, city or tow				ATE SIGNI
SIGNATURE	when K	New	11144	M.D.	Crownsv	ille St	ate Hos	pital	.Md.		
			1////	_ M.D. ,							
PHYSICIAN'S L	Lonel McHen	ry. Me	pp. M. D.		Crownsv:	ille St	ate Hos	pital	, Md.		
20. BURIAL CREMATION	N, 22b. DATE THEREC	F	22c. NAME OF CEMETERY	OR CRE	MATORY	22d. LOCA	TION (City, town	, or county)	(Stote	eî
vruotat (abacità)	1-29-5	3	gueens	C	1900/	1770	212/51	els		Fol	
. FUNERAL DIRECTOR	SIGNATURE	4	ADDRESS	10	W.C7 240. RE	GD BY REGIST	RAR 246. REA	SISTRAR'S		E	
Jensy 1.	Washmill	a.	467 Not	Y	all DATE	30r 3 0	20	rived	illh		
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			Carlo Crock			
				A K SHEET		
		THE CAN SERVICE	Haraga Tanananan			

10SPITAL: The law requires that the death certificate be ATTENDING PHYSICIAN

the hospital or attending physician.

The bottom copy may be retained

A15C 1-55 10M -

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

7610

07601

Reg. Dist. No

1. PLACE OF	DEATH				2. USUAL RESIDE	NCE (HOME) OF DEC	EASED
COUNTY	Anne Arunde	1	MARYL	AND	STATE	COUNTY	
CITY (If outs	ida corporata limits, wr		I LENGTH O	FSTAY	CITY (If outside corp	orete limits, write RURAL end	Ive negrest town)
OR and air	Laurel, Mal		(in this p	onth	TOWN Wash	ington, D. C.	47X-3
HOSPITAL OR INSTITUTION O STREET ADDRE	O.D.	n's Center	. Laure	1. Md.	STREET ADDRESS 3536	Park Place N	
3. NAME OF	(First)		(Middle)		(Last)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print)		ry			liams	DEATH Ju	y 1 ₁₉ 58
5. SEX	6. COLOR OR	7. SINGLE, MAR		8. DATE C	OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
male	colored	WIDOWED, D (Specify)	TYOKCED,	Marc	h 20, 1957	one yrs. M	onths Deys Hours Min.
	PATION (Give kind of most of working life, ev		IND OF BUSINES	S	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT
retirad)	mosi of working life, e	ren ii	***		Washingto	n, D.C.	co OZX
13. FATHER'S NA	ME				14. MOTHER'S MAIDEN	NAME	
	unkno	wn			Anita W	illiams	
15. WAS DECEAS	ED EVER IN U. S. ARM	NED FORCES?	6. SOCIAL SEC	URITY NO.	17. INFORMANT &	ADDRESS Social Se	awice.
(Yes, no, or unk.)	(If Yas, giva war or d	latas of sarvice)		Acres de la constante de la co	District	Training School	ol, Laurel, Md.
	A LIBERTALIA DIRECTIVA	AFARMA NO DELE		DICAL CER	TIFICATION		INTERVAL BETWEEN
I DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH		, .	17	9	ONSET AND DEATH
492 × 1M	MEDIATE CAUSE	(A)	Sirch	covo	scular coli	abse	patt.
ANTE	CEDENT CAUSE(S)	DUE TO	,				111
DISEASES OR CO	NDITIONS, IF ANY,	(B)	pneu	monit	es	/	Het Known
STATING UNDERL	THE ABOVE CAUSE YING CAUSE LAST.	DUE TO					
	ANT CONDITIONS CO	NTRIBUTING					
	BUT NOT RELATED TO		noll	Lungen	his not an	mente	
19a. DATE OF OPE		b. MAJOR FINDINGS	OF OPERATION	V	alle de la constante	MCA-C	20. AUTOPSY?
							YES NO
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	21b. PLACE (Hor OF INJURY street,	ne, ferm, fector office bldg., etc	, .j	21c. WHERE DID INJURY OCCU	R? (City or town)	(County) (State)
	IRY (Month) (Day)		INJURY OCCU	JRRED I while	21. HOW DID INJURY OCCU	IR?	
				work .			
22. I hereby alive on SIGNATU	7/1/58	9, and	eased from d that death	6/6/58 occurred at	8:00A _M , from the	causes and on the date RESS (Street, city, town, st	
Mellow	CA. CHE	mantia	lit	M.D. C	hildren's Cen	ter, Laurel, M	ld. 7/2/58
23. BURIAL, CREM		TE THEREOF	NAME OF	CEMETERY OR	CREMATORY	LOCATION (City, town, or	//
Buria	1 .	11. 5.195	Nood?	aum Cer	matamr	Washington,	D. C. //
24. REC'D BY REG		ISTRAR'S SIGNATUR	E		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
D. T. 3111	11150	/ -	1				isin IKT NE

OFFICE OF DEATH

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District Province School, and el. Co.

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O . L . moturations

Jul. 5,1938 Woodlawn Jemsberg

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07602

(Stote)

(Stote)

(County)

7 E

49	CERTIFICATE	OF	DEATH	
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605	to critimica	ALE OF DEATH	Reg. Dist. No.
n. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If o. STAMaryland b. Co	institutions Residence before admission) OUNTY Anne Arundel
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Annapolis	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits,	write RURAL and give nearest lawn)
d. NAME OF HOSPITAL (If not in hospitol, give street of INSTITUTION Anne Arundel Gen. Hospi	tal	/ d. STREET ADDRESS R.F.D. 3 Box 427	e. IS RESIDENCE ON A FARM? YES NO DEX
3. NAME OF First	Middle	tost 4. DATE	Month Day Yeor

	(Type or print)		BLANCHE		YOUNG	DEATH	July	16th.			19 58
1	s. sex Female	6. COLOR OR RACE	7. MARRIED WIDOWED	DIVORCED [5		Months Months			R 24 HRS. Min.
	10a. USUAL OCCUPA during most of w Housewi	TION (Give kind of work orking life, even if retired.	done 10b. KIND O		Virginia	or foreign (country)	12. C	USA	F WHAT	COUNTRY
	13. FATHER'S NAME		•		14. MOTHER'S MAIDEN N	AME					

John R. Woodyard Blanche Thomason 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Winfred D. Young # 2.

Same 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) new DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO couse (o), stoting the underlying cause lost CERTIFICATION

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)

20e. PLACE OF INJURY (Home, form,

factory, street, office bldg., etc.)

20f. (City or town)

OR CONTRIBUTING | CAUSE OF DEATH

20d. INJURY OCCURRED

Not while

of work of work 7 1 16 , 19 38 that I last saw the deceased 21. I certify that I attended the deceased from, , and that death accurred at 11 22M, from the causes and on the date stated above.

ADDRESS (Street, city ar town, state) DATE SIGNED

ACTUAL SIGNATURE Bonssud

220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) BITT BI July 18- 58 Cedar Hill Cemetery Suitland, Maryland.

1661- Good Hope Rd. S.E. Washington 20, D.C. 23. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

the funeral director, should be filed with executed within 24 hours after death. Page carbon papers. page 3 should be detached may be relained by ine TO FUNERAL DIRECTOR: he registrar prior

requires that the death certificate be

ATTENDING PHYSICIAN:

HOSPITAL

63

20c. TIME OF INJURY

PHYSICIAN'S NAME (Type)

Hour o. m

VS A15 (4) 15M 9/55

Danighand! Ishmed and Labrury attri Laddened .mat laboured entre H.F.D. S Lloy 40'V Jets 1895 Jos donathood . I mob mounted enough Bound . G bertmin . S. E. S. D. D. E. Migral Cody 10- 20 Cody Hill Constary But the Month of the .1.5 .1 confiction -foot

FOR STATE HEALTH DEPT.

y delay is necessory, please to funeral director. Page stoined for your files. M TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the format 4 should be forwarded to the China tedical Examiner's Office along with form PM3. Page 5 may be stored to the China tedical Examiner's Office along with form PM3. Page 5 may be stored as a buriol-transit permit. File pages 1 and 2 with that State or its designated agent, prior to buriol, cremation, or remayor, and in any every within 22 hours after death. I VS. A15ME

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7611 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	7611	AL EXAMINER 3	CERTIFICA	12 01	DEATH	Reg. [Dist. No		
	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (V	Where decease			lence bel	ore adm	ission)
	Anne Arundel	MARYLAND	o. STATE New Y	ork	b. COUNT	Υ			
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest town)						
	Pasadena	8 hrs.	Buffalo			59 Y	-3		V.
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS						ESIDENCE
	Edgewood Ave. High Point		3952 011	nton Si	root				A FARM?
3.	NAME OF First	Middle	lost	4. DATE	Mont	1	Doy	Y	leor A
	(Type or print) Joseph Zajac	Jr.		OF DEATH	July 1	2+h		1	9 58
5.		RIED NEVER MARRIED X 8.	DATE OF BIRTH	4	P. AGE In years	IF UNDE	1YEAR		ER 24 HRS.
	M WIDOW	ED DIVORCED	7/7/35	100	lost birthday) 23 yrs.	Months	Days	Hours	Min.
10c	. USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Stote	or foreign co	untry)	12. CI1	IZEN O	WHAT	COUNTRY
	during mast at working life, even it retired) None		Buffalo,	NY			USA		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N				00/4		
	Joseph Zajac		?						
	WAS DECEASED EVER IN U. S. ARMED FORCES? 1	S. SOCIAL SECURITY NO. 17. IN	IFORMANT	····	Address				
§70	e, no, er unknown) NO VOT (If yes, give war or dates of service)	NONE Joh	nn Zajac (Un	cle) Bu	uffalo, N	V			
	18. CAUSE OF DEATH [Enter only one cause per lin			0207 20	- 1 Clab O 9 21	4-0-0	INTER	VAL BETWI	EEN
	PART I. DEATH WAS CAUSED BY:	Status Epiler	oticus				-	hr hr	
	353.2 IMMEDIATE CAUSE (o)		02.040					5 111	9
	Conditions if an about								
	gave rise to immediate cause			45			-		
	(c), slating the underlying DUE TO cause last.								
Z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
CERTIFICATION							- 1		RMED?
FIC	20a. EXTERNAL CAUSE WAS 20b. DESCR	BE HOW INJURY OCCURRED. (E	nter noture of injury in Par	t Lor Port II o	f item 18)			153	NO LA
CERT	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.				,,				
	20c. TIME OF INJURY Month, Day, Yeor 20d	. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form	n. 201. (City	or fown)	ICe	unty)		(Stote)
MEDICAL	Hour a.m. Wi	ile Not while lacta	ry, street, office bldg., etc.			, , ,	,,,		(0.0.0)
2	21. I certify that I taok charge af the	vork ot work	un hald Auto				177		1 .
		1447			spection [2],		ry 🖺		d in my
	apinian death resulted from: Natural	causes Accident	, Suicide [Hamicide	, Undete	rmined	manne	r L	
	ACTUAL BUSTONES	Bucker 1/11	CHIEF MEDICAL EN	VALUE T				DATE S	IGNED
	SIGNATURAL	in the second	M.D. CHIEF MEDICALE						
	EXAMINER'S CARRESTO U Forth	ant M D	ASSISTANT MEDIC			1111	~ /~	- /	
22-	NAME (Type) Gustave H. Faube	22c. NAME OF CEMETERY OR	DEPUTY MEDICAL		The second secon	3/38	7/1	3/58	
446	REMOVAL (Specify)				ON (City, town,		37.	(State	
23	FUNERAL DIRECTOR'S SIGNATURE	8 St. Adalbert		D BY REGISTR	elstows		Nev		rk
40.	H. SANDER & SONS, INC.		d. DATEJU			AN 3 SI	7		
			DATEJU	F 1 0 30	TW.	resu	uh.		

Sales of the country . . BE STATE AND THE PROPERTY OF THE RESIDENCE OF THE RESIDEN CHARLES TO BE SEEN TO SEE THE LOCATION OF THE SECOND

INSTRUCTIONS

MOSPITAL: The law requires that the death certificate be

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registrer within 72 hours after death After by the funeral director, the third copy of

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cuted within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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(Stata)

7612 CERTIFICATE	Reg. Dist.	No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY ANNE ARUNDEL MARYLAND	STATE MARYLAND. COUNTY BNA	IE ARUNDEL
CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN RURAL SOLLEY 33 FERRS	CITY (If outside corporate limits, write RURAL end give neers OR TOWN RURAL SOULES	st town)
HOSPITAL OR INSTITUTION OR 216 WERNER RD.	STREET (If rural give location) ADDRESS 216 WERNER ROAD	
3. NAME OF (First) (Middle) DECEASED (Type or Print) JOSEPH ZAMO	OSTRY 4. DATE (Month) OF DEATH JULY	(Doy) - (Yeer) 1 - 1958
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, MARCIN (Specify) MARCIN MARC	F BIRTH H 31, 1888 9. AGE lest birthdey Months Vrs.	Deys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ABSENTER 10b. KIND OF BUSINESS OR INDUSTRY MBITTIES COMMESAN,	17 - CASIACIANAKIA	COUNTRY?
13. FATHER'S NAME JOHN ZAMOSTNY	ANNA KULISHEK	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unk.) (If Yes, give wer or dates of service) 2/3 10 7664	17. INFORMANT & ADDRESS FRANK LAMOSTNY SAM	Œ
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH
151 X IMMEDIATE CAUSE (A) CARCINON	MA STOMBER	LYEAR
ANTECEDENT CAUSE(S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO		
(C)		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	CH WITH METASTASES	20. AUTOPSY? YES NO
216. ACCIDÉNT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	PTC. WHERE DID INJURY OCCUR? (City or town) (Count	y) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED While Not while at work 1	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	11. 2.2 %	
alive on	ADDRESS (Street, city, town, stete)	DATE SIGNED
1) Mades America and	TIVIER DEHCH ///	111120

NAME OF CEMETERY OR CREMATORY

25.

FUNERAL

LOCATION (City town, or county)

DIRECTOR'S SIGNATURE

60

ADDRESS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. The bottom copy may be retained by the hospital or attending physician. ATTENDING PHYSICIAN

A15C 1-55 10M.

VS.

BURIAL / CREMATION, REMOVAL (SPECIFY)

'58

24. REC'D BY REGISTRAR

DATE THEREOF

REGISTRAR'S SIGNATURE

HIASG TO STADRITESO